

Jensen v. Department of Human Services, No. 09-cv-1775 (D. Minn.)

Comprehensive Plan of Action¹

DEFENDANTS' FOURTH COMPLIANCE UPDATE REPORT

Bi-monthly Data Covering July 1 through August 31, 2014

Filing Date: September 15, 2014

Filed with the Court
and submitted to David Ferleger, Court Monitor

¹ See Order of March 12, 2014 (Dkt. 284); Order of August 28, 2013 (Dkt. 224).

INSTRUCTIONS

1. Defendants' Compliance Update Reports will be submitted every two months. Each report will include two months of data.

2. The information in the Reports shall be accurate, complete, timely and verifiable.

3. Each report shall include the following elements:

- **Evaluation Criteria and Actions.** Verbatim from the CPA.

- **Deadline.** The deadline for compliance with each Evaluation Criterion, and for achievement of each Action.

- **Person Responsible.** The state official/staff who is specifically responsible for implementation of the listed item. The individual is also responsible for the accuracy and completeness of the associated information in the report, and of the submitted documentation for verification. The Jensen Implementation Team is additionally accountable for the accuracy and completeness of the associated information in the report, and of the submitted documentation for verification.

- **State of Compliance; Verification Documentation.**

"State of Compliance" describes the progress achieved during the report period, and the current situation regarding compliance. Information on requested and/or approved deadline revisions will appear here.

"Verification Documentation" designates the documentation material (and copies where possible) which supports and demonstrates the status of compliance. The documentation shall be filed in a separate volume of "exhibits" with each status report. Where an exhibit includes client names, the exhibit may be filed under seal.

- **Obstacles and Next Steps.** A description of any obstacles encountered which may impede or delay timely compliance, followed by summary of the next steps to be taken to advance timely compliance. Any grounds for any requested modification of deadlines or actions will appear here.²

² The report may not be utilized to request modifications of the CPA.

• **Status.** A statement of Defendants' Status of Compliance or "Completed" or "Not Completed" subsequent to Defendants reporting a "completed" status, the Status column will be marked "Maintaining completion achieved [date]."

4. The Second Compliance Update Report shall be filed on or before May 11, 2014 and shall address the substantive requirements of the Comprehensive Plan of Action.³ The Second Compliance Update Report shall include data covering March 1 to April 30, 2014. Thereafter, each bi-monthly report shall be filed on or before the 15th of the month the report is due, and shall include the data for the preceding two calendar months.

5. "The CPA includes Evaluation Criteria (EC) and accompanying Actions. The ECs set forth the outcomes to be achieved and are enforceable. The Actions under the ECs are not enforceable requirements. Compliance with an EC will be deemed to have been achieved if the EC's Actions are taken. However, the Department of Human Services may undertake alternate actions to achieve satisfaction of the EC. The Actions may be modified pursuant to the modification process set forth in the Order of August 28, 2013. ECs are indicated by whole Arabic numbers (e.g., 1, 2) and, in the original, by blue shading. Actions are indicated by Arabic numbers with consecutive decimals (e.g., 1.1, 1.2, 1.3, 2.1, 2.2, 2.3)." CPA.

6. To permit the reader of any report to determine the history of compliance reporting for each item, each report shall be a rolling report. The prior entries for Status of Compliance, Verification Documentation, and Obstacles and Next Steps shall be repeated (with a bold heading showing the report date).⁵

7. The report may not be utilized to request modifications to the CPA. The separate modification request procedure shall be used for that purpose.

³ The 1st Update will already have been filed pursuant to the Order of March 12, 2014.

⁴ To the extent that March 1 through 12 data does not exist, Defendants shall so note.

⁵ This method mirrors the DHS reporting approach in the four bi-monthly reports filed during 2012-2013.

DEFENDANT'S NOTES**4/11/2014**

1. This is the first Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed by the Court Monitor, the only columns with data entered are the Evaluation Criteria and Actions column, the Person(s) Responsible column, and the Deadline column. Future Compliance Reports will include data in other columns as appropriate.
2. The Evaluation Criteria (EC) deadlines reflect the latest deadline of all actions under that Evaluation Criteria. Some actions under the EC might have an earlier deadline than the EC and are so noted.
3. Some of the ECs and actions in this CPA have been completed prior to the Court Order for the final CPA , therefore they have a deadline date that precedes the date of the March 12, 2014 Amended Court Order for the final CPA.
4. Terminology disclaimer: The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within this report or its exhibits, the Department does not endorse these terms.
5. The Exhibits for this report are numbered sequentially.

5/11/2014

1. This is the second Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed, information has been included in additional fields within the "State of Compliance; Documentation for Verification", "Obstacles and Next Steps", and "Status" columns.
2. As with the First Compliance Update Report, the Exhibits for this report are numbered sequentially following the numbering of the Exhibits for that First Report.
3. The Department received feedback to the draft of this Second Compliance Update Report from the Court Monitor, the Minnesota Office of Ombudsman For Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities. The Department appreciates and was able to address some but not all of this feedback, including suggestions for more detail and documentation on progress made. The Department intends to incorporate additional detail and documentation in its Third Compliance Update Report.

7/15/2014

1. This is the third Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed in the instructions provided by the Court Monitor above, for those items that had a "completed" status in the second Compliance Update Report, the Status Column is marked "Maintaining completion achieved [date]."

9/15/2014

1. This is the fourth Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. The Department appreciates feedback to the draft of this report received from the Court Monitor and the Minnesota Governor's Council on Developmental Disabilities. As requested, this report includes more data and information than previous reports within the State of Compliance / Documentation for Verification column, rather than in Exhibits.

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COMPREHENSIVE PLAN OF ACTION

INTRODUCTION

On December 5, 2011, the United States District Court for the District of Minnesota adopted the Settlement Agreement in this class action. The settlement was intended to bring significant improvements to the care and treatment of individuals with developmental and other disabilities in the State of Minnesota. This Comprehensive Plan of Action (CPA) is established pursuant to the Court's Order of August 28, 2013, and with the agreement of the parties.

Part I of the CPA covers elements of the Settlement Agreement and the closure and replacement of the MSHS-Cambridge facility with community services. Part II covers the Rule 40 modernization plan. Part III is the *Olmstead* Plan, which is being finalized pursuant to the Court's orders.

MANAGEMENT

The Department of Human Services will establish a Jensen Implementation Team ("Team") comprised of at least four full-time professional staff, with clerical assistance, which will be responsible for management and coordination of this Part I and also Part II of this Plan. The Team will have a designated leader skilled in leadership in the field of developmental disabilities, and will have sufficient resources to fulfill its responsibilities. At least two additional professional staff will be responsible for the Department of Human Services elements of the *Olmstead* Plan.

The Jensen Implementation Team is responsible for bi-monthly updates to the Court and Court Monitor, and for promptly providing all information requested by the Court Monitor. The bi-monthly updates will be provided ten days in advance in draft to the Court Monitor, Plaintiffs' Class Counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Minnesota Governor's Council on Developmental Disabilities.

STRUCTURE

The CPA includes Evaluation Criteria (EC) and accompanying Actions. The ECs set forth the outcomes to be achieved and are enforceable. The Actions under the ECs are not enforceable requirements. Compliance with an EC will be deemed to have been achieved if the EC's Actions are taken. However, the Department of Human Services may undertake alternate actions to achieve satisfaction of the EC. The Actions may be modified pursuant to the modification process set forth in the Order of August 28, 2013.

ECs are indicated by whole Arabic numbers (e.g., 1, 2) and, in the original, by blue shading. Actions are indicated by Arabic numbers with consecutive decimals (e.g., 1.1, 1.2, 1.3, 2.1, 2.2, 2.3).

For the purposes of this Comprehensive Plan of Action, "Facility" and "Facilities" means MSHS-Cambridge, the MSOCS East Central home established under the Settlement Agreement, and the treatment homes established (or to be established) under this Comprehensive Plan of Action. The provisions of this Comprehensive Plan of Action regarding the fact and process for closure of MSHS-Cambridge and the list of discharges refer to the facility at 1425 East Rum River Drive South, Cambridge, MN 55008, and not to the MSOCS East Central home in the town of Cambridge, MN.

The Settlement Agreement states that its provisions under "System Wide Improvements" on "long term monitoring, crisis management and training represent the Department's goals and objectives; they do not constitute requirements." §X.A. For the purposes of this Comprehensive Plan of Action, the related Evaluation Criteria are to be understood as, and to be subject to, a "best efforts" standard. These are: EC 68 and 69 (long term monitoring); 70, 71 and 72 (crisis management); 73, 74 and 75 (training).

The Settlement Agreement Definitions (§III. Definitions) apply, except to the extent of the meaning of "Facility" under this Comprehensive Plan of Action, and that the "scope of DHS obligations" to individuals with developmental disabilities under the System Wide Improvements (§X) is not limited to residents of the Facility.

APPLICABILITY

This Comprehensive Plan of Action applies to the Defendant Department of Human Services, an agency of the State of Minnesota and, with regard to the *Olmstead* Plan, to the State of Minnesota. Consistent with its obligations under the Settlement Agreement, applicable law, and the federal court orders in this case, the Department of Human Services shall utilize best efforts to require counties and providers to comply with the Comprehensive Plan of Action through all necessary means within the Department of Human Services' authority, including but not limited to incentives, rule, regulation, contract, rate-setting, and withholding of funds.

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
Settlement Agreement Section IV. METO CLOSURE					
1. The Facilities will comply with <i>Olmstead v. L.C.</i> The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most integrated setting to which they do not object. Each individual's program will include multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities (4) as members of the community. These community activities will be highly individualized, drawn from the person-centered planning processes, and developed alongside the individual.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	<p>5/11/2014 Update</p> <p>The facility is in the process of complying with <i>Olmstead v. L.C.</i> The Narrative section of this Compliance Update Report includes details on the status of compliance.</p> <p>The Facility is eliminating unnecessary segregation of individuals with developmental disabilities. There has been progress in refining and updating the processes and templates for transitioning clients out of MSHS-Cambridge. An example of a completed Transition Plan of an individual who has transitioned out of MSHS-C and a sample work-in-progress Transition Plan of an individual who has not yet transitioned out of MSHS-C illustrate the changes can be found in Exhibit 8. (Exhibit 8 Sample Positive Support Transition Plan)</p>	<p>5/11/2014 Update</p> <p>Obstacles: Additional staff time and training are likely needed to support the pace of change.</p> <p>Next Steps: – Identify specific resource needs, including the likely need for additional staff time and training, and make a plan to address these resource needs. – Continue to work with DSD and refine the Transition Plan template if needed, and continue refining portfolios and transition plans of people who are still at MSHS-C. – Continue to develop individualized community activities. – Maintain licensure.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>A Portfolio is created for each client, containing their PCP, transition plan, and other relevant information. (Exhibit 9 Sample Portfolio Documents)</p> <p>All facilities are currently licensed. (Exhibit 10 MSHS-Cambridge DHS and MDH licenses) (Exhibit 11 MN Life Bridge homes DHS licenses)</p> <p>7/15/2014 Update</p> <p>MSHS-Cambridge has remained licensed to serve people with developmental disabilities. 5/5 individuals at MSHS-C, 1/2 at Stratton Lake, and 2/3 at East Central MSOCS have had individualized and multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities and (4) as members of the community that were drawn from their person-centered planning processes and developed alongside the individual.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to maintain licensure.</p> <p>Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>1/2 individuals at Stratton Lake and 1/3 individuals at East Central MSOCS were admitted on June 30, 2014; they will have individualized and multiple opportunities on an ongoing basis to engage with the community.</p> <p>Portfolios and transition plans of individuals who were at MSHS-C during this reporting period continued to be refined and enriched as the individual went through the transition process. Individualized community activities were built into their plans.</p> <p>5/5 individuals at MSHS-C and 1/1 individual at Stratton Lake directed the creation of their transition plan and create and provide training to their future community staff.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>MSHS-Cambridge, MnLB Stratton Lake, MnLB Broberg's Lake, and East Central Minnesota State Operated Community Services (ECMSOCS) remained appropriately licensed through this reporting period.</p> <p>When the last person transitioned out of MSHS-Cambridge (the Facility) on 8/29/2014, the de-licensing process for that program location was begun, to be effective 8/30/2014. MnLB administration will continue to be stationed at the Cambridge campus for the time being, but the program there is closed.</p> <p>During this reporting period, there was one person who received services at MSHS-Cambridge (who moved to the community on 8/29/2014), five people who received services at MnLB Stratton Lake for some period of time, and three people residing at ECMSOCS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to comply with <i>Olmstead v. LC</i>. - Continue to maintain appropriate licensure for the community settings. - Continue to work on eliminating unnecessary segregation of individuals with developmental disabilities, and to locate or develop more integrated settings. - Continue to include opportunities for individuals to engage with the community in their person centered and transition planning. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>The Facility was substantially compliant with eliminating unnecessary segregation of individuals with developmental disabilities. People who had been served at MSHS-Cambridge were assisted to transition to community settings and services, and in the most integrated settings to which they did not object.</p> <p>Each individual's program and plans include opportunities to engage with the community according to the individual's choices, interests, and abilities. These were developed by and with the individual.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Admission, person centered planning, and transition documents for people served at MSHS-Cambridge are stored in Op Central (the administrative offices) currently located on the Cambridge campus. Documents for people served at Stratton Lake are stored at Stratton Lake. Documents for people living at East Central MSOCS are stored at East Central MSOCS.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
1.1 Each individual's planning processes will specifically address integration within the following life areas: (1) home; (2) work; (3) transportation; (4) lifelong learning and education; (5) healthcare and healthy living; and (6) community and civic engagement.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	<p>5/11/2014 Update</p> <p>Planning processes and plans are being reviewed and revised as necessary to address integration within the six life areas.</p> <p>(Exhibit 9 Sample Portfolio Documents)</p> <p>7/15/2014 Update</p> <p>5/5 individuals at MSHS-C and 1/2 individuals at Stratton Lake have individual plans that include items 1 to 6.</p> <p>1/2 individuals at Stratton Lake, admitted on June 30, 2014, will have individual plans that include items 1 to 6.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to update and implement individuals' plans and opportunities, addressing integration within the six life areas. ☐</p> <p>7/15/2014 Update</p> <p>Next Steps: Refine and ensure continuity in including items 1 to 6 in all individuals' plan.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, 1/1 individual served at MSHS-Cambridge, 5/5 individuals served at MnLB Stratton Lake, and 3/3 residents at ECMSOCS had individual plans that address integration within the following life areas: (1) home; (2) work; (3) transportation; (4) lifelong learning and education; (5) healthcare and healthy living; and (6) community and civic engagement.</p> <p>As individuals' status and plans changes, these plans may be edited to address their current interests and readiness for more integration into various life areas. Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue assisting individuals in creating, enriching and refining their plans, including addressing community integration in these 6 life areas.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
1.2 Cambridge and successor facilities apply strong efforts to individualize and personalize the interior setting of the home. This includes exerting maximal feasible efforts to assist individuals to personalize and individualize their bedrooms and common areas, to make each common area aesthetically pleasing, and to actively support individuals to bring, care for, acquire, and display personal possessions, photographs and important personal items. Consistent with person-centered plans, this may include the program purchasing such items which will build towards transition to a new place to live.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	5/11/2014 Update Efforts are focused on making sure that individuals have opportunities to personalize their homes. Some examples: They have a choice of mattress size (single or full) and bedding for their bedrooms. They can choose the paint color, and what if any decorations, pictures, photos, etc. are placed in rooms. One resident's choice is to sleep in a tent. He was not comfortable with the first tent purchased for him, but he likes the second one. (Exhibit 13 Photos of individual choices for personalizing their bedroom)	5/11/2014 Update Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Since August 1 2013 - 13/13 people have been provided the opportunity to be involved in decorating their rooms. 13/13 people have made individual choices as to items or decorations in their rooms. 10/13 have chosen to have their rooms painted.</p> <p>As individuals have prepared for transition, they visit homes and get to select where they will move to. For example, one of the individuals would like to have a workroom, so that is something he has looked for when he visits potential settings.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes, to allow individuals to make their choices, and to support those choices.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>MSHS-Cambridge and successor facilities continue to apply strong efforts to assist individuals to individualize and personalize the interior setting of the home as those individuals choose.</p> <p>1/1 individuals at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 3/3 residents at ECMSOCS are aware of and have been given opportunities to individualize and personalize the interior setting of the home.</p> <p>For example, there were individuals who chose to have their room at MSHS-C painted a color they selected. To date, clients at MnLB Stratton Lakes know they can personalize their room, but as yet no one served there has chosen to have their room painted.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes, to allow individuals to make their choices, and to support those choices.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>All individuals at MnLB Stratton Lake have been given the choice of a queen size or single (twin) size bed. One person at MSHS-C chose to have a tent in the bedroom. All individuals are given the opportunity to select bedding of their choice.</p> <p>One person keeps a hamster in her room - at her request and with agreement from roommates.</p> <p>The individual who remained at MSHS-C for most of this reporting period was actively involved in selecting towns, viewing houses, stating what should be in the home (type of rooms, etc.), and what renovations will need to be made to suit his choices (along with any renovations to the physical plant for accessibility, etc.).</p> <p>He personally selected the furniture for his new home among quality and attractive newer pieces available from the facility upon closure.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2. Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports .	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update The facilities are currently using a person centered planning (PCP) process and positive behavioral supports and transitions planning. (Exhibit 8 Sample Positive Support Transition Plan) (Exhibit 9 Sample Portfolio Documents) (Exhibit 12: Planning form template)	5/11/2014 Update Next steps: Complete reviews of existing documents and processes to ensure they are in compliance this Plan.	5/11/2014 Update Incomplete
			7/15/2014 Update Person-centered planning documents and the transition plan document have been reviewed and are consistent with applicable best practices and in compliance with this plan. Exhibit 73 Template - PCD Picture of A Life and action planning	7/15/2014 Update Next Steps: Complete review of positive behavior support plan content in the context of required Positive Support Transition Plan format to ensure consistency with best practice and compliance with this plan.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>We completed the review of positive behavior support plan content in the PSTP format, and found consistency with best practices and compliance with this plan.</p> <p>Documents for individuals served in the successor facilities are stored at their residential site.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Continue using a person centered planning process and positive behavior supports and transition planning.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.1 Each individual will be involved to the greatest extent possible in the development of a person-centered profile centering on learning from the person and those who know the person best about their history, preferences, life experiences, interests, talents, and capacities among other areas within 30 days of admission. This profile will be updated and revised as more is learned over time on at least a monthly basis.</p> <p>A revised person-centered profile format will be developed from the current person-centered description to include the above areas and to include a method to note when revisions and additions are made, by whom, and in what venue (e.g., a person-centered meeting of the support team, interview, an individual update by a staff member, a phone call).</p>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<p>5/11/2014 Update</p> <p>Clients at MSHS-C are involved in the development of their PCP to the greatest extent possible. Clients at MSHS-C have a monthly meeting of their interdisciplinary team (IDT) and a bi-monthly meeting of the person and their staff. These are opportunities to further update and revise the PCP. The facility is in the process of updating documents to meet this requirement. A "Picture of a Life" depicting person centered planning is included for a current resident at MSHS-Cambridge. (Exhibit 14 Picture of Life for a current MSHS-C resident)</p>	<p>5/11/2014 Update</p> <p>Next steps: Complete reviews of existing documents and processes to ensure they are in compliance with this Plan.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>7/7 individuals (at MSHS-C and Stratton Lake) were involved in the development of their PCPs.</p> <p>7/7 PCPs were updated monthly.</p> <p>Person-centered planning documents have been updated to reflect current best practices and compliance with this plan.</p> <p>(Exhibit 73 Template - PCD Picture of A Life and action planning) (Exhibit 74 Template - PCP Format and Profile)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Implement the updated PCP documents for the next new admission and continue to timely update PCPs.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 individuals served at MSHS-C, 5/5 individuals served at MnLB Stratton Lake, and 3/3 residents of East Central MSOCS were involved in the development of their PCPs. All three of the individuals admitted to MnLB Stratton Lake used the updated version of the DHS-6847 Person Centered Description - Picture of a Life and Action Planning (dated June 2014).</p> <p>For 1/1 individuals receiving services at MSHS-C and 5/5 individuals receiving services at MnLB Stratton Lake, PCPs were updated monthly.</p> <p>For 3/3 individuals residing at East Central MSOCS, PCPs were updated quarterly per policies for that program.</p> <p>There were no individuals served at MnLB Broberg's Lake during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to involve individuals to the extent possible to develop their person centered profile within 30 days of admission.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		
<p>2.2 From the understanding in the person-centered profile, a person-centered plan will be completed which includes the development of a shared vision of the future to work towards within 30 days of admission, as well as agreements and shared objectives and commitments to work towards.</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>5/11/2014 Update</p> <p>Clients at MSHS-Cambridge have a person centered plan. The facility is using the "Picture of Life" which is the PCP tool used by the facility. Processes and forms are being reviewed for compliance with this CPA. (Exhibit 14 Picture of Life for a current MSHS-C resident)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Complete the initial development of the PCP within 30 days for new admissions.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Person-centered planning documents have been updated to reflect current best practices and compliance with this plan.</p> <p>(Exhibit 73 Template - PCD Picture of A Life and action planning) (Exhibit 74 Template - PCP Format and Profile)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Implement the updated PCP documents for the next new admission and test against established standards and requirements for compliance with this plan.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>From the understanding in the person-centered profile, person-centered plans are developed for all people receiving support, within the timeline (30 days after admission) and with the content and scope described in this EC. The updated DHS-6847 Person Centered Description form has been used for the three MnLB admissions during this reporting period.</p> <p>The plans continue to be developed and enriched throughout the individual's stay.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue assisting to and developing person- centered plans that contain a vision of the individual's future, in a timely manner.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.3 The person-centered plan will directly inform the development of the individualized program plan (or Coordinated Service Support Plan). Such plans will build on the strengths and interests of the individual, and moving towards increasing relationships, roles, and community integration in these areas of life.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update The PCP informs the Individual Program Plan (IPP) or the Coordinated Service Support Plan Addendum (CSSPA) for clients at MSHS-Cambridge. Processes and forms are being reviewed for compliance with the terminology and format of this CPA. (Exhibit 9 Sample Portfolio Documents)	5/11/2014 Update Next Steps: Continue to assure that the PCP informs the Positive Support Transition Plan (PSTP).	5/11/2014 Update Incomplete
			7/15/2014 Update 8/10 PCPs informed the development of the CSSP. 2/10 PCPs will inform the development of the CSSP (one admit to MNLB and one admit to ECMSOCS on 6/30/2014). A revised PCP format for MNLB was submitted to the Court Monitor for review and feedback. Exhibit 79 Template - PCP Format and Profile	7/15/2014 Update Next Steps: Evaluate consistency of the documents and process across clients and await feedback from the Court Monitor on the PCP format.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 PCPs of individuals served at MSHS-C, 5/5 PCPs of individuals served at MnLB Stratton Lake, and 3/3 residents at East Central MSOCS informed the development of their PSTP / CSSP-A.</p> <p>On a monthly basis, as a matter of practice, Dr. Moore and others review for consistency of documents and process across individuals served as they review records of each client each month.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue using the person centered planning process to assist individuals to create and enrich plans for their life. - Continue reviewing for consistency of documents and process. 	<p>9/15/2014 Update</p> <p>Complete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.4 The person-centered plan will directly inform the development of a Positive Behavior Support Plan. Life direction, talents, and interests will be capitalized on in any planned intervention. Each behavior support plan will include teaching strategies to increase competencies and build on the strengths of the person.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update The PCP currently informs the development of a Positive Behavior Support Plan (the tool that has been used is titled "Positive Support Transition Plan"). Processes and forms are being reviewed for compliance with this CPA. (Exhibit 9 Sample Portfolio Documents)	5/11/2014 Update Next Steps: Continue to assure that the PCP informs the Positive Support Transition Plan (PSTP). Discussions with DSD on how to meet the requirements of both 245D and the JSA CPA in an efficient manner.	5/11/2014 Update Incomplete
			7/15/2014 Update 8/10 PCPs informed the development of the CSSP. 2/10 PCPs will inform the development of the CSSP (one admit to MNLB and one admit to ECMSOCS on 6/30/2014).	7/15/2014 Update Next Steps: Evaluate consistency of the documents and process across clients; confirm with DSD and DHS licensing that current documents and process meet requirements.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Meetings and discussions with DSD and DHS licensing confirmed that current documents and process meet the Chapter 245D requirements.</p> <p>1/1 PCPs of individuals served at MSHS-C, 5/5 PCPs of individuals served at MnLB Stratton Lake, and 3/3 of residents at East Central MSOCS informed the development of the PSTP / CSSP-A.</p> <p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C)</p> <p>(Exhibit 114 Plans for individual at MnLB Stratton Lake)</p> <p>(Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake)</p> <p>(Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake)</p> <p>(Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Individuals will continue to inform the development of the Positive Support Transition Plan (PSTP) and the Coordinated Service and Support Plan (CSSP) and the CSSP- Addendum). - Continue to maintain individual plans and records on individuals served. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.5 Each behavior support plan will be unique to each individual. The use of token economies, and contingent reinforcement will be used sparingly, not for punishment, and only when weighed again the potential risks to the person's image and competencies in terms of exercising personal autonomy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update Each behavior support plan is unique to each individual. Token economies and contingent reinforcement are used sparingly and only on an individual basis. Processes and forms are being reviewed for compliance with this CPA.	5/11/2014 Update Next steps: Continue implementation of the CPA.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 behavior support plans (Positive Support Transition Plans, or PSTPs) for people who were served at MSHS-Cambridge, and 1/2 for people served at MN Life Bridge during this reporting period are unique to each individual.</p> <p>5/5 PSTPs for people who were served at MSHS-Cambridge and 1/2 for people served at MN Life Bridge during this reporting period use token economies sparingly, not for punishment, and only when weighed against the potential risks to the person's image and competencies in terms of exercising personal autonomy.</p> <p>1/2 people at MN Life Bridge was admitted on June 30, 2014; their plans are unique and will be developed during the next reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to engage the individual and the support team to refine plans with regard to the terms of this compliance plan.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 behavior support plans (Positive Support Transition Plans, or PSTPs) for people who were served at MSHS-Cambridge, 5/5 for people served at MN Life Bridge, and 3/3 for people residing at ECMSOCS during this reporting period are unique to each individual.</p> <p>1/1 PSTPs for people who were served at MSHS-Cambridge and 2/5 for people served at MN Life Bridge during this reporting period use token economies sparingly, not for punishment, and only when weighed against the potential risks to the person's image and competencies in terms of exercising personal autonomy.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to develop and maintain unique PSTPs for individuals served. - Continue to monitor the use of token economies, and document the outcomes in the individual's record. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>3 people at MN Life Bridge / Stratton Lake were newly admitted during this reporting period, so their PSTPs are in earlier stages of development. As the efficacy of the plan is evaluated in the coming weeks and months they may include token economies, which will be used sparingly, not for punishment, and only when weighed against the potential risks to the person's image and competencies in terms of exercising personal autonomy.</p> <p>1/3 people living at ECMSOCS has a token economy in their program / plan. It is based on completing all skills for daily living in a day. The individual suggested starting this program as he was reviewing his plans prior to his last meeting; it was put in starting 8/1/2014.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		
<p>2.6 Each behavior support plan will include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results, and a comprehensive functional behavioral analysis, from which strategies are derived.</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>5/11/2014 Update Each behavior support plan includes a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results. A diagnostic assessment has been conducted for clients. (Exhibit 14 Picture of Life for a current MSHS-C resident)</p>	<p>5/11/2014 Update Next Steps: Discussions with DSD on how to meet the requirements of both 245D and the JSA CPA efficiently. Continue to refine the process to meet CPA requirements.</p>	<p>5/11/2014 Update Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 Positive Behavior Support plans for people who were served at MSHS-Cambridge during this reporting period include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results.</p> <p>9/15/2014 Update</p> <p>1/1 Positive Behavior Support plans for individuals served at MSHS-C and 5/5 Positive Behavior Support Plans for individuals served at MnLB Stratton Lake during this reporting period include the items listed in this EC.</p> <p>Discussions with DSD concluded that positive behavior support plans should continue to be written using the PSTP document and referencing / attaching the diagnostic assessment and functional behavioral analysis which are readily available in the client file and which all staff must read.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue discussions with DSD and DHS Licensing regarding 245D requirements and compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue to include these items / topics in the Positive Support Transition Plans for each individual served by MnLB and each resident of ECMSOCS.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation for verification is found in individual plans. (Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.7 Each Functional Behavioral Analysis will include a:</p> <p>a. Review of records for psychological, health and medical factors which may influence behaviors</p> <p>b. Assessment of the person's likes and dislikes (events / activities / objects / people)</p> <p>c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior;</p> <p>d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity;</p> <p>e. Review of the history of the behavior and previous interventions, if available;</p> <p>f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior;</p> <p>g. Systematic observation and analysis of the consequences following the identified behavior;</p> <p>h. Analysis of functions that these behaviors serve for the person;</p>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<p>5/11/2014 Update</p> <p>We are reviewing current processes and documentation for form and substance to ensure compliance with the CPA. The FBA is currently being updated to reflect an "Analysis" rather than an "Assessment" as it is now called.</p> <p>(Exhibit 15 Examples of Functional Behavior Assessments)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Rename the Functional Behavior Assessment form to Functional Behavioral Analysis form. Revise processes and documentation in form and substance to ensure compliance with the CPA.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>i. Analysis of the settings in which the behavior occurs most/least frequently. Factors to consider include the physical setting, the social setting, the activities occurring and available, degree of participation and interest, the nature of teaching, schedule, routines, the interactions between the individual and others, degree of choice and control, the amount and quality of social interaction, etc.</p> <p>j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior.</p> <p>or shall be consistent with the standards of the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org).</p>			<p>7/15/2014 Update</p> <p>Processes and documentation were refined for compliance with this EC.</p> <p>The new admission to the program on 6/30/2014 will experience a revised functional behavior analysis per the terms of this EC.</p> <p>(Exhibit 75 Template - Functional Behavioral Analysis tool)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Use the new format with the next admission to the program.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>4/4 new admissions to MnLB Stratton Lake during this reporting period have experienced the new format of the functional behavior analysis.</p> <p>All new admissions will continue to receive a functional behavioral analysis using the new format / tool (see Exhibit 75).</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue conducting a functional behavioral analysis for all new admission. - Incorporate the results into the individual's plans as appropriate. - Maintain awareness of the current standards of the APBA, Standards of Practice for PBS. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.8 Each positive behavior support plan will include: 1. Understanding how and what the individual is communicating; 2. Understanding the impact of others' presence, voice, tone, words, actions and gestures; 3. Supporting the individual in communicating choices and wishes; 4. Supporting workers to change their behavior when it has a detrimental impact; 5. Temporarily avoiding situations which are too difficult or too uncomfortable for the person; 6. Enabling the individual to exercise as much control and decision making as possible over day-to-day routines; 7. Assisting the individual to increase control over life activities and environment; 8. Teaching the person coping, communication and emotional self-regulation skills; 9. Anticipating situations that will be challenging, and assisting the individual to cope or calm; 10. Offering an abundance of positive activities, physical exercise, and relaxation, and 11. As best as possible, modifying the environment to remove stressors (such as noise, light, etc.).	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update The positive behavior support plans are being reviewed to ensure they contain all the items listed in Action Item 2.8. The tool that has been in use to document positive behavior support plans is called the Positive Support Transition Plan. (Exhibit 8 Sample Positive Support Transition Plan)	5/11/2014 Update Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Processes and documentation tools were reviewed and refined for compliance with this EC. For example, the Functional Behavior Analysis tool was revised; it will be used with the new admission to the program.</p> <p>5/5 Positive Support Transition Plans (PSTP) for people who were served at MSHS-Cambridge during this reporting period currently meet all requirements of this EC.</p> <p>(Exhibit 75 Template - Functional Behavior Analysis tool)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Use the revised format for the next admission to the program.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>The revised format was used for the new admissions during this reporting period.</p> <p>For 1/1 individuals served at MSHS-C, and 5/5 served at MnLB Stratton Lake, PSTPs currently meet all requirements of this EC.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to create and enrich behavior support plans with information learned about the individual, including the items listed in this EC.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.9 The format used for Positive Behavioral Support Plans will be revised to include each of the above areas, and will be used consistently.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<p>5/11/2014 Update</p> <p>The positive behavior support plans are being reviewed and will be revised as necessary to ensure they contain all the items listed in Action Item 2.8.</p> <p>7/15/2014 Update</p> <p>For 5/5 individuals served at MSHS-C, and 1/2 served at MNLB, Positive Support Transition Plans (PSTP) currently meet all requirements of this EC.</p> <p>For 1/2 people served at MN Life Bridge (admitted on June 30, 2014), their Positive Support Transition Plan (PSTP) will meet all requirements of this EC.</p>	<p>5/11/2014 Update</p> <p>Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here.</p> <p>7/15/2014 Update</p> <p>Next Steps: Positive Behavior Support Plans are reviewed and updated / enriched as clients provide additional information and choices.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>For 1/1 individuals served at MSHS-C, 5/5 served at MnLB Stratton Lake, and 3/3 living at ECMSOCS, their PSTPs currently meet all requirements of this EC. The revised tool was used consistently for all new admissions during this reporting period, and will be used for all new and revised behavior support plans (BSPs) going forward.</p> <p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Individuals' Positive Behavior Support Plans are reviewed and updated / enriched as clients provide additional information and choices.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
3. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update The facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety." There are pre-admission reviews of all potential admissions to ensure they meet the requirements before continuing on an admission process. These pre-admission reviews are done when a Facility first hears about a potential admission (for example, when the Admissions Coordinator gets a phone call or email about a person in need of services), or when Central Pre-Admissions hears about a potential admission. (Exhibit 16 DHS Bulletin 12-76-01) (Exhibit 18 MSHS-Cambridge Admission packet) (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	5/11/2014 Update Next Steps: Continue to assure potential admissions meet criteria.	5/11/2014 Update Complete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period there was a total of 11 referrals to MN Life Bridge: - Reviewed and found to be ineligible for services: 2 - Diverted: 4 - Admitted: 1 - Pending: 0 - Eligible for services: 4	7/15/2014 Update Next Steps: Continue to assure potential admissions meet admission criteria.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The facilities continue to serve only Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety.</p> <p>During this reporting period there were 24 people discussed at the weekly Diversion meetings. Not all of these have been referred to MnLB, but all have had crises or other situations that may lead to their needing additional or different services. Some people in the group discussed at the weekly Diversion meetings are eligible for MnLB services and some may not be.</p> <p>Some are receiving CSS or other services, diverted from MnLB or while waiting for MnLB services. There were 3 admissions to MnLB Stratton Lake during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Obstacles: Turnover at MnLB, including the admissions coordinator, has made it challenging to maintain some of the data reporting at the prior level / frequency / detail.</p> <p>Next Steps: - Continue to review to assure potential admissions meet admission criteria. - Train in the new admissions coordinator so data collection, analysis, and reporting continues.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Court Monitor, Plaintiff's Counsel, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities receive the minutes of those weekly Diversion meetings.		
3.1 All referrals for admission will be reviewed by the admissions coordinator to assure that they are persons with a Developmental Disability and meet the criteria of exhibiting severe behaviors and present a risk to public safety taking into account court ordered admissions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update All referrals for admission were reviewed by the admissions coordinator to assure they meet the admissions criteria. (Exhibit 16 DHS Bulletin 12-76-01) (Exhibit 18 MSHS-Cambridge Admission packet) (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	5/11/2014 Update Next Steps: Continue to assure potential admissions meet criteria.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period there was a total of 11 referrals to MN Life Bridge:</p> <ul style="list-style-type: none"> - Reviewed and found to be ineligible for services: 2 - Diverted: 4 - Admitted: 1 - Pending: 0 - Eligible for services: 4 	<p>7/15/2014 Update</p> <p>Next Steps: Continue to assure potential admissions meet criteria.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The facilities continue to serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."</p> <p>All potential admissions are reviewed for eligibility, and are discussed at the weekly Admissions / Diversions meeting.</p> <p>During this reporting period there were 2 referrals to MN Life Bridge:</p> <ul style="list-style-type: none"> - Diverted: 1 - Eligible for services: 1 <p>The notes from those meetings are emailed to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities. They are available through Dr. Tim Moore or the Jensen Implementation Office. ☐</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue review process and Diversion meetings to assure potential admissions meet criteria.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
4. Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility. Satisfaction surveys have been sent out approximately twice a year, and are sent out after a discharge or transition out of the Facility. (Exhibit 19 Satisfaction Survey)	5/11/2014 Update Next Steps: Continue to notify legal representatives and/or family at least annually. Review recommendations from QAPI.	5/11/2014 Update Incomplete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status												
			<p>7/15/2014 Update</p> <p>13 semi-annual surveys were sent out the last week of June to 13 legal representatives/guardian/families of individuals served at MSHS-Cambridge or Stratton Lake during 2014.</p> <p>East Central MSOCS sends out satisfaction surveys annually, but none were sent during May or June 2014.</p> <p>CSS closed 14 cases during this reporting period, so surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate), and to the case manager. No issues were reported to be addressed.</p> <table><tr><td>Type</td><td># Sent</td><td># Received</td></tr><tr><td>Client</td><td>8</td><td>4</td></tr><tr><td>Legal Rep</td><td>6</td><td>3</td></tr><tr><td>Case Manager</td><td>14</td><td>8</td></tr></table> <p>(Exhibit 76 Templates - East Central MSOCS Satisfaction Survey Tools 2014)</p>	Type	# Sent	# Received	Client	8	4	Legal Rep	6	3	Case Manager	14	8	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none">- Surveys will be distributed for MSHS-Cambridge and MN Life Bridge residents after all transitions from the facility.- Satisfaction surveys will continue to be sent out at least annually.	<p>7/15/2014 Update</p> <p>Incomplete</p>
Type	# Sent	# Received															
Client	8	4															
Legal Rep	6	3															
Case Manager	14	8															

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>MnLB and ECMSOCS offers opportunities for individuals, their families /legal representatives and concerned persons, community providers, and case managers to comment on the operation of the facility / program via satisfaction surveys. There are different survey tools for the different groups.</p> <p>Families / Concerned People: 13 Semi-annual surveys were sent out the last week in June to Legal Reps / Guardians / Families of individuals served at MSHS Cambridge / MnLB during 2014. Of those 13 sent, 5 were returned (38% return rate) with 100% satisfaction reported.</p> <p>Individuals served: An individual discharged from MnLB during the reporting period completed a satisfaction survey, reporting 100% satisfaction. They also sent a thank you e-mail to MnLB.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Surveys will be distributed for MSHS-Cambridge, MN Life Bridge, and ECMSOCS clients after all transitions from the facility. - Satisfaction surveys will continue to be sent out at least annually. - Alternate methods of getting results will be implemented, such as telephoning and/or making a follow up call. - Continue to address any issues from the survey results. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>One individual at MSHS Cambridge completed the semi-annual satisfaction survey on 8/9/14 and reported 56% satisfaction. This was during the time of that person's trying to cope with all of the changes going on in relation to the transition to the new home. Staff talked to the individual about specific areas where more support was needed. One area that was very important to the individual was continuing relationships with certain staff after transitioning. Those staff provided their work phone numbers to keep in touch. The individual planned and directed the move, including what and how belongings should be packed, transported, and unpacked, and planned a going-away party. The individual stated that he did not have to worry about these concerns anymore.</p> <p>ECMSOCS did not send out any satisfaction surveys during this reporting period.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
4.1 Initiate annual written survey process to all legal representatives of residents and/or family to the extent permitted by law whose individual of interest was served within the past year which solicits input on the operation of the Facility. Each survey will be in the relevant language, and will include notification that comments on Facility operations may be offered in person or by mail or telephone by contacting Facility director or designee.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<p>5/11/2014 Update</p> <p>Surveys have been sent approximately twice a year, and following discharges. (Exhibit 19 Satisfaction Survey) (Exhibit 20 Survey Aggregate Results)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue annual survey process. - Review recommendations from QAPI. 	<p>5/11/2014 Update</p> <p>Incomplete</p>
			<p>7/15/2014 Update</p> <p>13/13 "family" surveys in the family's primary language (in this case, all in English) were sent during this reporting period regarding individuals served at MSHS-Cambridge and MnLB Stratton Lake.</p> <p>13/13 surveys contained the full required notification on how comments may be sent to the Facility.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to assure that the surveys are in the recipient's primary language and they contain the required notification information. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The semi-annual survey process remains in place.</p> <p>All surveys from MSHS-Cambridge / MnLB were sent in English (the relevant language for all) and contained text on the ability to offer comments at any time.</p> <p>ECMSOCS did not send out any satisfaction surveys during this reporting period. ☐</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Surveys will be distributed for MSHS-Cambridge, MN Life Bridge, and ECMSOCS clients after all transitions from the facility. - Satisfaction surveys will continue to be sent out at least annually. - Surveys will be sent in the relevant language and will include notification that comments can be offered in multiple ways to multiple Facility or Successor staff. 	<p>9/15/2014 Update</p> <p>Complete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
4.2 Aggregate data will be collected from survey responses received from each survey process. Facility staff will develop an action plan to outline changes which will be made as a result of survey data, and implement those changes.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update Aggregate data is being collected and reviewed. The statistics are documented in the quarterly Performance Improvement Meeting minutes. An action plan is being developed by facility staff to outline changes to be made as a result of survey data, and will implement those changes. (Exhibit 20 Survey Aggregate Results)	5/11/2014 Update Obstacles: - There is a small number of legal representatives and/or family to send the surveys, and an even smaller number of survey responses returned. - People not responding. Next Steps: - Discuss options to get a higher response rate.	5/11/2014 Update Incomplete
			7/15/2014 Update During the reporting period, 0 survey results were received from legal representatives or family. To improve the response rate, MSHS-Cambridge is providing the legal representatives and families with the surveys during the individual's final week at MSHS-Cambridge (sometimes referred to as their transition week).	7/15/2014 Update Next Steps: Once surveys are returned, data will be collected and incorporated into an action plan for implementation.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>As described in the July 15 update, MSHS-Cambridge discussed options to improve the response rate, and implemented the option of providing families and legal representatives with the surveys during the individual's final days or weeks of stay. This created an increase in the survey response rate.</p> <p>13 surveys from family/ concerned persons and 2 surveys from individuals served were received by MnLB during this reporting period. A database was created on 7/2/14 to enter and hold the data for quick review and follow up, as needed. The numbers of individuals served is small, so the database contains few responses.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to collect and review data, and incorporate changes into an action plan if changes are indicated by survey responses. - Continue to contact individuals as appropriate regarding their survey responses to be better able to address their concerns. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>One individual at MSHS Cambridge completed the semi-annual satisfaction survey on 8/9/14 and reported 56% satisfaction. The action plan was that staff talked to the individual about specific areas where more support was needed. Supports and opportunities were provided. The individual stated that he did not have to worry about these concerns anymore.</p> <p>Data or information is available from Tiffany-Byers Draeger at MnLB.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.A. PROHIBITED TECHNIQUES – RESTRAINT					
5. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update All staff providing direct care to clients are trained using the "Attachment A" curriculum approved by the Court Monitor. The Court Monitor is sent the Notification forms (DHS-3654) and the Emergency Use of Manual Restraint (EUMR) forms. No prohibited restraints have been used in this reporting period or for nearly three years since the start of the Settlement Agreement. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)	5/11/2014 Update Next Steps: Continue implementing the policy, training staff, and providing documentation of restraint use to the Court Monitor as required if an event occurs.	5/11/2014 Update Incomplete
			7/15/2014 Update No prohibited techniques were used during this reporting period. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue compliance with this EC.	7/15/2014 Update Complete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>No prohibited techniques were used during this reporting period.</p> <p>The Court Monitor and Parties receive copies of the DHS-3654 Notification forms.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue enforcing the prohibition on specified techniques and restraints. - Continue including JSA training for new employees so they are aware of the prohibitions. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
5.1 DHS will issue a memorandum to all Facility staff confirming the Department's commitment to provide services and supports which are consistent with best practices including: 1) Providing individuals with a safe and therapeutic environment which includes positive behavioral supports and training on behavioral alternatives; 2) Recognizing that restraints are not a therapeutic intervention; 3) An immediate prohibition on prone restraint, mechanical restraints, seclusion and time out; 4) The Facilities' goal towards immediate reduction and eventual elimination of restraint use whenever possible; and 5) Restraint use is permitted only when the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety; client refusal to receive / participate in treatment shall not constitute an emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	<p>5/11/2014 Update</p> <p>Facility staff are provided training and information on the Department's commitment to provide services and supports according to the JSA and this Plan.</p> <p>A memo was distributed to staff on April 30, 2014 to specifically address the points in this Action Item.</p> <p>(Exhibit 22 April 2014 Memo to Staff)</p> <p>7/15/2014 Update</p> <p>The Department continues its commitment to provide services and supports which are consistent with best practices.</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue confirming DHS commitment to provide services and supports which are consistent with best practices.</p> <p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Continue reaffirming to staff DHS commitment.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The Department continues its commitment to provide services and supports which are consistent with best practices. For example, the MN Life Bridge training is consistent with best practices from the Association for Positive Behavior Supports.	9/15/2014 Update Next Steps: Continue confirming DHS commitment to provide services and supports which are consistent with best practices.	9/15/2014 Update Maintaining completion achieved 4/30/2014
5.2. The Facility shall remove "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from all current Facility forms and protocols.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update The Facility has removed "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from Facility forms and protocols. Dozens of documents have been reviewed for compliance and to date none have been found to include prohibited terms. (Exhibit 23 MSHS-C policy # 15868 as approved by Court Order) (Exhibit 26 SOS Form DHS-3654 Notification Form) 7/15/2014 Update Those terms have been removed from current Facility protocols and forms. (See Exhibits 23 and 26).	5/11/2014 Update Next Steps: Continue review of documents to assure compliance with this Plan. 7/15/2014 Update No prohibited techniques were used during this reporting period.	5/11/2014 Update Incomplete 7/15/2014 Update Complete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Those terms have been removed from current Facility protocols and forms.	9/15/2014 Update Next Steps: If any of those terms are found in Facility forms or protocols, the form or protocol "owner" is contacted to have the term removed.	9/15/2014 Update Maintaining completion from 6/30/2014
5.3 Facility policy(s) on Emergency Interventions shall minimally include: 1) The type of emergency interventions permitted and prohibited; 2) The protocol for administering emergency interventions; 3) The authorization and supervision needed for each emergency intervention; 4) The medical monitoring required during and after each restraint; 5) The review requirements of each emergency intervention (administrative, internal and external); 6) The data collection and aggregate data review of restrictive intervention usage. The Facility policy shall separate and clearly delineate "therapeutic interventions" from "emergency restraint / interventions." Current Facility policy/procedures shall be revised to comply with these requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update The current policies and procedures are being reviewed for unintended remaining prohibited language, and will be revised as necessary to assure compliance with this Plan. The process is estimated to be 90% complete and is expected to be completed by 6/30/2014. The process for data review and collection needs to be formatted and finalized - that has not been started yet. (Exhibit 23 MSHS-C policy 15868 as approved by Court Order) (Exhibit 25 SOS Policy # 6260 Effective and Safe Engagement (EASE) Learning Program)	5/11/2014 Update Next Steps: Review current facility policies / procedures and revise as needed to comply with this CPA. Discuss how data collection and aggregate data review are formatted and completed.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Current policies and procedures have been reviewed and updated where necessary for compliance. (See Exhibits 23 and 26)</p> <p>(Exhibit 79 Procedure 15868 -TI PST TRAINING Revised 5 30 14)</p> <p>9/15/2014 Update</p> <p>Current policies and procedures are compliant with this EC.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Maintain compliant policies and procedures. - Train new employees and provide annual retraining to employees on prohibited and permitted restraints and techniques.</p>	<p>7/15/2014 Update</p> <p>Complete</p> <p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
5.4 All Facility staff members have received competency-based training on the policy / procedures identified immediately above.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update Facility staff members received training on the policies and procedures identified in Action Item 5.3. Staff that were not on duty, out ill, or out on leave, received the training as they returned to work, before providing direct care and supports to residents. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 27 Sign In sheets for Attachment A training)	5/11/2014 Update Next Steps: Train staff on procedures upon return to work or when changes are made, to comply with this Plan.	5/11/2014 Update Incomplete
			7/15/2014 Update 46/46 current Facility staff received competency based training on the Facility's "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy during the trainings between January and March 2014 (see Exhibit 27). There have been no new employees hired since the training was provided.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Training on the Jensen Settlement Agreement is incorporated into New Employee Orientation for all DHS employees. Most of the DHS employees attended a training session on the JSA in May / June 2014, but there were some who were not able to attend at that time (for example, they were out on leave). Additional sessions of the JSA training have been scheduled for this fall at various locations around the state.</p> <p>Training on Attachment A is incorporated into employee training for all MnLB employees, at hire and annual refresher training.</p> <p>There were no new employees hired during this reporting period. Some current employees changed positions.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to include JSA and Procedure 15868 training for new staff members. - Continue to provide annual training to all staff. - Document successful completion of training. 	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
5.5 Competency-based training on the policy / procedures identified above has been incorporated into Facility orientation and annual training curricula.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update New Facility hires receive the "Attachment A" training and competency evaluation. It is also incorporated into annual training curricula. Other current competency-based training is being reviewed for compliance with this CPA, and will be incorporated into Facility orientation and annual training curricula. Efforts to comply with new MN Statutes Chapter 245D requirements align with requirements in this plan; we estimate that work is 90% complete.	5/11/2014 Update Next Steps: Complete review of training curricula to ensure incorporation of policies and procedures identified in EC 5 by the 6/30/2014 deadline.	5/11/2014 Update Incomplete
			7/15/2014 Update Training curricula for the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" was incorporated into the Facility orientation and annual training curricula. (Exhibit 96 Course Description - Therapeutic Intervention Strategies (EASE))	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Training curricula for the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" (aka Attachment A) has been incorporated into the Facility orientation and annual training curricula.	9/15/2014 Update Next Steps: - Continue to include this training in the New Employee Orientation and annual training curriculum . - Maintain documentation of successful completion of the training	9/15/2014 Update Maintaining completion from 6/30/2014
6. The State/DHS has not used any of the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update No prohibited restraints and techniques have been used during this reporting period and none since the Settlement Agreement was signed.	5/11/2014 Update Next Steps: Continue to ensure compliance with this Plan.	5/11/2014 Update Incomplete
			7/15/2014 Update No prohibited restraints and techniques have been used during this reporting period. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue compliance with this EC.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Zero prohibited restraints and techniques have been used during this reporting period.	9/15/2014 Update Next Steps: Continue to not allow the use of any of the prohibited restraints and techniques. ☐	9/15/2014 Update Maintaining completion achieved 6/30/2014
6.1 Facility Staff will specify on Restraint Form which emergency technique was employed, verifying that a prohibited technique was not used.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update The Notification form includes spaces to specify which emergency technique was employed, verifying that a prohibited technique was not used. The form was edited during this reporting period. (Exhibit 26 SOS Form DHS-3654 Notification Form)	5/11/2014 Update Next Steps: Continue to ensure compliance with this plan. Continue to instruct staff to follow the form requirements whenever an incident may occur.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, staff completed two restraint EUMRs (DHS-3654 Notification Form). In one of the situations, it was unclear to staff at the time of the incident if the action taken could be considered a manual restraint - the staff placed themselves between the individual and a potential danger, without making physical contact. The situation did not meet the definition of "manual restraint", so the EUMR was not for a restraint. It is not included in documentation on restraint EUMRs in this Third Compliance Update Report.</p> <p>In 1/1 instances where a manual restraint was used, staff specified the emergency technique employed and verified that no prohibited restraints and techniques were used.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of restraint use during this reporting period.	9/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	9/15/2014 Update Maintaining completion achieved 6/30/2014
6.2 The supervisor will review each restraint with staff by the end of his/her shift, verifying that: 1) The threat of imminent harm warranted the emergency intervention, 2) The intervention was an approved technique and no suspicion exists that a prohibited technique was used; and 3) When applicable, what immediate corrective measures / administrative actions need to be taken.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update No prohibited restraints or techniques were used and no reviews of the same were necessary during this reporting period. Staff are trained to describe the actual actions that occurred. The supervisor (or the supervisor's designee if the supervisor is not available) reviews the restraint use with staff by the end of the staff's shift, and, when applicable, determines what immediate corrective measures or administrative actions need to be taken.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances of manual restraint use, the Supervisor/designee reviewed the instance with staff per the requirements of this EC. No corrective measures or administrative actions needed to be taken.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of restraint use during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Continue training programs. - Continue documenting and following up on any use of prohibited restraints and techniques.</p>	<p>7/15/2014 Update</p> <p>Complete</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
6.3 Any/all use of prohibited techniques, e.g., prone restraints, mechanical restraints, seclusion, timeout, etc., will be investigated as potential allegations of abuse. Facility Staff are required to immediately report any suspected use of prohibited restraints / techniques to their supervisor.)	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update There has been no use of prohibited techniques during this reporting period. If there is, that will be investigated internally, and reported to the Common Entry Point (CEP) as appropriate. (Exhibit 28 MSHS-C Procedure # 15853 Maltreatment Reporting)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete
			7/15/2014 Update There has been no use of prohibited techniques during this reporting period.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Complete
			9/15/2014 Update There were zero instances of prohibited techniques used during this reporting period. There were zero instances of staff reporting suspected use of prohibited restraints or techniques.	9/15/2014 Update Next Steps: If there is any use of prohibited techniques, that will be investigated as a potential allegation of abuse.	9/15/2014 Update Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
6.4 Reporting and review forms/procedures are revised, and utilized, to incorporate the above 6.1, 6.2 and 6.3.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<p>5/11/2014 Update</p> <p>The revision of reporting and review forms and procedures is in progress and is completed on 50% of the forms.</p> <p>100% of Facility staff providing direct cares received the "Attachment A" training, which includes the reporting and review forms to be used in the use of a restraint.</p> <p>(Exhibit 27 Sign In sheets for Attachment A training)</p> <p>7/15/2014 Update</p> <p>DHS 3654, used to report EUMR, specifies the emergency technique used, verifies that a prohibited technique was not used, supervisory/designee review/debrief with staff, reporting and investigation of any prohibited techniques.</p> <p>(Exhibit 80 Template - DHS 3654 with notations for EC 6)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Complete review and revision of forms and procedures before the 6/30/14 timeline; implement the use of revised forms and procedures by the timeline.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Revised reporting and review forms and procedures are in use.</p> <p>Staff have been trained on their use.</p> <p>Copies of DHS-3654 Notification forms are sent to the Court Monitor, Plaintiffs' Counsel, and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to require the completion and sharing of a DHS-3654 Notification form when an incident occurs that warrants the use of that form.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
<p>7. Medical restraint, and psychotropic/ neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</p>	<p>MN Life Bridge RN Senior (Janet Marciniak)</p>	<p>8/31/2014</p>	<p>5/11/2014 Update</p> <p>During this reporting period, no medical restraint and psychotropic/ neuroleptic medication have been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</p> <p>(Exhibit 29 DC&T Policy # 6100 Administration of Neuroleptic Medication to Persons with Mental Illness)</p> <p>(Exhibit 30 MSHS-C Procedure 15904 Administration of Psychotropic Medication)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, no medical restraint and psychotropic/ neuroleptic medication have been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>During this reporting period, no medical restraint and psychotropic/ neuroleptic medication have been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</p> <p>MnLB Procedure 15895 Medical Safety Restraint was updated.</p> <p>(Exhibit 123 Revised Procedure 15895)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Maintain staff training and awareness of this prohibition.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
7.1 Facility policy shall specifically forbid the use of restrictive interventions, including medical restraints and/or psychotropic/neuroleptic medication for: the purposes of punishment; in lieu of habilitation, training, or behavior support plans; for staff convenience; or as a behavior modification.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	<p>5/11/2014 Update</p> <p>MSHS-C Policy # 15868 (Attachment A) includes language forbidding these actions.</p> <p>Other facility policies are being reviewed to ensure they specifically forbid the use of the listed restrictive interventions.</p> <p>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>
			<p>7/15/2014 Update</p> <p>Current facility policies, such as MSHS-C Policy #15868 (Attachment A), includes language that forbids the use of the interventions for the purposes listed in this EC.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Facility policy continues to specifically forbid the use of restrictive interventions, including medical restraints and/or psychotropic / neuroleptic medication for: the purposes of punishment; in lieu of habilitation, training, or behavior support plans; for staff convenience; or as a behavior modification.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Maintain staff training and awareness of this prohibition.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
7.2 Facility policy will specify medication management protocols consistent with best practices in the support and treatment of individuals with cognitive and/or mental health disabilities.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	5/11/2014 Update Policies are being reviewed and revised as necessary to address specific medication management protocols.	5/11/2014 Update Next Steps: Complete the review and any necessary revisions to policies.	5/11/2014 Update Incomplete
			7/15/2014 Update During this reporting period, revisions have been proposed to MSHS-C procedure #15876 Safe Medication Administration and Assistance to include MSHS-C procedure # 15905 Self-Administration of Medications, to address specific medication management protocols consistent with best practices. The revisions await the internal Policy / Procedure workgroup approval.	7/15/2014 Update Next Steps: Continue the review of policies, and revise as necessary to specify current best practices.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Procedure # 15876 Safe Medication Administration and Assistance has been revised to incorporate procedure # 15905 Self-Administration of Medications and is in the process of further revisions to address changes in the 245D addendum related to medication set-up.</p> <p>Procedure # 15905 continues in effect until this revision is completed.</p> <p>(Exhibit 122 Revised Procedure 15876)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue with the revision of policies related to medication management to ensure best practices and compliance with the JSA.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V. B. PROHIBITED TECHNIQUES - POLICY					
8. Restraints are used only in an emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update During this reporting period, permitted restraints have only been used in an emergency where the client's conduct poses an imminent risk of physical harm to self or others and less restrictive behavioral support strategies have been ineffective in sustaining safety, and only concurrent with the uncontrolled behavior. (Exhibit 26 SOS Form DHS-3654 Notification Form)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances during this reporting period, manual restraints were used only in an emergency. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of restraint use during this reporting period.	9/15/2014 Update Next Steps: - Continue training programs and staff awareness of prohibited and allowed use of restraints. - Track successful completion of training programs.	9/15/2014 Update Maintaining completion achieved 12/31/2013
8.1 Facility Staff will clearly document, on the restraint form, the circumstances leading up to the restraint and what imminent risk of harm precipitated the application of the restraint. This shall include what antecedent behaviors were present, what de-escalation and intervention strategies were employed and their outcomes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update Facility staff document on the restraint form the circumstances leading up to the restraint, what imminent risk of harm precipitated the application of the restraint, observations during the restraint use, antecedent and subsequent behaviors, de-escalation and intervention strategies and outcomes. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances staff documented on the restraint form the circumstances leading up to the restraint.</p> <p>In 1/1 instances staff documented on the restraint form the imminent risk of harm that precipitated the application of the restraint.</p> <p>In 1/1 instances staff documented on the restraint form the antecedent behaviors that were present.</p> <p>In 1/1 instances, staff documented on the restraint form the de-escalation and intervention strategies staff employed and their outcomes.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were no instances of restraint use during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps:</p> <p>Continue training and staff awareness to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
8.2 In the event a restraint was used in the absence of imminent risk of harm, staff will be immediately retrained on Facility policies addressing the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy with such retraining being entered into their training file.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>During this reporting period, permitted restraints have only been used in an emergency where there was imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety.</p> <p>In the event a restraint is used in the absence of imminent risk of harm, we will document that issue and retrain staff involved.</p> <p>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p>
			<p>7/15/2014 Update</p> <p>During this reporting period, no retraining was needed.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>There were no instances of restraint use during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue training and staff awareness to ensure compliance.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
9. The Policy (Settlement Agreement Att. A, as it may be revised after court approval, dissemination and staff training) was followed in each instance of manual restraint	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	5/11/2014 Update During this reporting period, staff did attempt to follow the Policy in each instance of manual restraint. Any lapses will be reviewed and corrective action such as re-training will occur for any staff involved in lapses in following the policy. (Exhibit 31: Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete
			7/15/2014 Update In 1/1 instances of manual restraint during this reporting period, staff followed Attachment A. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Incomplete
			9/15/2014 Update There were no instances of restraint use during this reporting period.	9/15/2014 Update Next Steps: Continue training and staff awareness to ensure compliance.	9/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
9.1 As part of its data management processes, the Facility will collect, review and analyze information related to staff's adherence to restraint policy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<p>5/11/2014 Update</p> <p>The Facility does collect, review and analyze information related to staff's adherence to restraint policy. The Clinical Director and Operations Manager review the information and determine if there needs to be any additional follow up to any incident. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</p> <p>7/15/2014 Update</p> <p>In 1/1 instances of manual restraint, the EUMR form does contain evidence of review by the Clinical Director and Operations Manager. No issues with staff performance during the incident were found. No staff retraining on policy or procedure was necessary.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were no instances of restraint use during this reporting period, so there was no new data for this reporting period.	9/15/2014 Update Next Steps: Continue to collect, review, and analyze information.	9/15/2014 Update Complete
10. There were no instances of prone restraint, chemical restraint, seclusion or time out. [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out.	9/15/2014 Update Next Steps: Continue to ensure staff are aware of the prohibition of prone or chemical restraint, seclusion, and time out.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
10.1 Facility policy shall clearly identify prone restraint, chemical restraint, seclusion and timeout as "prohibited."	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>Facility policies have been reviewed and this statement is clearly reflected in the policies. (Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</p> <p>7/15/2014 Update</p> <p>The requirements of this EC are clearly stated in Facility Procedure 15868 "THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES". (Exhibit 79 Procedure 15868 -TI PST TRAINING Revised 5 30 14)</p> <p>9/15/2014 Update</p> <p>The requirements of this EC are clearly stated in Facility Procedure 15868.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue staff training on prohibited techniques, at New Employee orientation and at annual staff training sessions.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.C. PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT					
11. There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update During this reporting period there were zero instances of the use of Seclusion. Facility policy specifies that the use of seclusion is prohibited. (Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period there were zero instances of the use of Seclusion. Facility policy continues to specify that the use of seclusion is prohibited.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update During this reporting period there were zero instances of the use of Seclusion. Facility policy continues to specify that the use of seclusion is prohibited.	9/15/2014 Update Next Steps: Maintain policy and staff training on the prohibition of seclusion.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
12. There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update During the reporting period, there were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy specifies that the use of time out from positive reinforcement is prohibited. (Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period, there were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy continues to specify that the use of time out from positive reinforcement is prohibited.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, there were zero instances of the use of Room Time Out from Positive Reinforcement.</p> <p>Facility policy continues to specify that the use of time out from positive reinforcement is prohibited.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue staff training on prohibited techniques.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
SETTLEMENT AGREEMENT SECTION V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT					
<p>13. There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy specifies the Facility shall not use chemical restraint. A chemical restraint is the administration of a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition.</p>	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>12/31/2013</p>	<p>5/11/2014 Update</p> <p>During this reporting period, there were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement.</p> <p>Facility policy specifies the Facility shall not use chemical restraint.</p> <p>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</p> <p>(Exhibit 26 SOS Form DHS-3654 Notification Form)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, there were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement.</p> <p>Facility policy continues to specify the Facility shall not use chemical restraint.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>During this reporting period, there were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement.</p> <p>Facility policy continues to specify the Facility shall not use chemical restraint.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <p>Continue staff training on prohibited techniques.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
14. There were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.	MN Life Bridge RN Senior (Janet Marciniak)	12/31/2013	5/11/2014 Update During this reporting period there were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement. (Exhibit 23 MSHS-C policy # 15868 as approved by Court Order) (Exhibit 26 SOS Form DHS-3654 Notification Form)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period, there were no instances of new PRN orders (standing orders) of drug / medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, there were no instances of prohibited use of PRN / standing orders medication.</p> <p>Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue staff training on prohibited techniques and on current policies / procedures.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
SETTLEMENT AGREEMENT SECTION V.E. PROHIBITED TECHNIQUES – 3rd PARTY EXPERT					
15. There is a protocol to contact a qualified Third Party Expert.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert.</p> <p>Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>7/15/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert continues to be an obstacle.</p> <p>Next Steps: With the shift to community services, DHS, the Plaintiffs' Class Counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities should discuss the efficacy of using Third Party Experts and communicate the consensus reached to the Court Monitor.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue using the Medical Officer Review process for instances of restraint use.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
15.1 Facility policy stipulates that a Third Party Expert will be consulted within 30 minutes of the emergency's onset.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert.</p> <p>Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>7/15/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert continues to be an obstacle.</p> <p>Next Steps: With the shift to community services, DHS, the Plaintiffs' Class Counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities should discuss the efficacy of using Third Party Experts and communicate the consensus reached to the Court Monitor.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue using the Medical Officer Review process for instances of restraint use.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
<p>16. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.</p>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert.</p> <p>Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>7/15/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert continues to be an obstacle.</p> <p>Next Steps: With the shift to community services, DHS, the Plaintiffs' Class Counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities should discuss the efficacy of using Third Party Experts and communicate the consensus reached to the Court Monitor.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time.</p> <p>We continue to use the approved Medical Officer Review process.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue using the Medical Officer Review process for instances of restraint use.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
17. DHS has paid the Experts for the consultations.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert.</p> <p>Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	7/15/2014 Update Obstacles: Finding qualified professionals willing to be a Third Party Expert continues to be an obstacle. Next Steps: With the shift to community services, the Parties should discuss the efficacy of utilizing Third Party Experts and communicate the consensus reached to the Court Monitor.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process.	9/15/2014 Update Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
18. A listed Expert has been contacted in each instance of emergency use of restraint.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	5/11/2014 Update Obstacles: Finding qualified professionals willing to be a Third Party Expert. Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	7/15/2014 Update Next Steps: Continue to contact the Medical Officer.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process.	9/15/2014 Update Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
19. Each consultation occurred no later than 30 minutes after presentation of the emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	5/11/2014 Update Obstacles: Finding qualified professionals willing to be a Third Party Expert. Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p> <p>There was one use of manual restraint during this reporting period, and consultation with the Medical Officer occurred within 30 minutes after presentation of the emergency. The Medical Officer heard the information and confirmed that the immediate situation was resolved. 911 had been called, and the EMT that arrived took the individual to the hospital for an evaluation.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to timely contact the Medical Officer.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process. There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	9/15/2014 Update Maintaining completion achieved 12/31/2013
20. Each use of restraint was an “emergency.”	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated. Each use of a restraint was an "emergency" for this reporting period and all prior periods under the Jensen Settlement Agreement.	5/11/2014 Update Next Steps: Continued commitment to prohibitions by all staff at all times.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p> <p>The one use of a manual restraint during this reporting period was for an emergency. This was a situation where the individual's conduct posed an imminent risk of physical harm to self and others and less restrictive strategies did not achieve safety.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Assure manual restraint is only used in an emergency.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>At this time, we continue to use the approved Medical Officer Review process.</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue using the Medical Officer Review process for instances of restraint use.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>21. The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.</p>	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>12/31/2013</p>	<p>5/11/2014 Update</p> <p>As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding qualified professionals willing to be a Third Party Expert.</p> <p>Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p> <p>There was one use of manual restraint during this reporting period, and consultation with the Medical Officer occurred within 30 minutes after presentation of the emergency. The Medical Officer heard the information and confirmed that the immediate situation was resolved. 911 had been called, and the EMT that arrived took the individual to the hospital for an evaluation.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to timely contact the Medical Officer.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process. There were zero instances of emergency use of manual restraint during this reporting period.	9/15/2014 Update Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	9/15/2014 Update Maintaining completion achieved 12/31/2013
21.1 On the restraint form, Facility staff will identify the Third Party or other expert and will document all recommendations given by the consultant, techniques, and the efficacy and outcomes of such interventions. When reviewing the restraint form 24 hrs post-restraint, Designated Coordinator will verify that Facility staff contacted the medical officer within 30 minutes of the emergency's onset.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The restraint notification form (Form 3654 Notifications) has been revised to include spaces to document recommendations given by the consultant, and verification by the Designated Coordinator that staff contacted the medical officer within 30 minutes of the emergency's onset. The most recent revision to Form 3654 was in March 2014. (Exhibit 26 SOS Form DHS-3654 Notification Form)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, the Facility did not seek anyone to be a Third Party Expert.</p> <p>We continue to use the approved Medical Officer Review process.</p> <p>For the one use of a manual restraint this reporting period, facility staff did identify the Medical Officer and documented recommendations given. The Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>At this time, we continue to use the approved Medical Officer Review process.</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to timely contact the Medical Officer.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue using the Medical Officer Review process for instances of restraint use.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW					
22. The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. This is documented on the Restraint Form. (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Discussions with the medical officer and refining the process.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances the Medical Officer was contacted within 30 minutes after the emergency restraint use began. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to assure that staff follow the requirements while balancing safety. ☐	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: - Maintain staff training and awareness of this requirement. - Contact the Medical Officer on call within 30 minutes after the emergency restraint use began.	9/15/2014 Update Maintaining completion achieved 12/31/2013
23.1 On the Restraint Form, the Facility supervisor will document both the date / time that the emergency restraint began and the date / time s/he contacted the designated medical officer.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Restraint Forms document both the date/time that the emergency restraint began and the date/time s/he contacted the designated medical officer. (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>1/1 completed restraint forms document both the date/time that the emergency restraint began and the date/time the Medical Officer was contacted.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>9/15/2014 Update</p> <p>Next Steps: - If there is an instance of manual restraint, complete the form. - If there is an instance of manual restraint, review the form for completion and accuracy.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
23. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of, or discontinued the use of restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	5/11/2014 Update This is current policy and practice. (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Obstacles: There can be challenges contacting the medical officer within 30 minutes after the emergency restraint use began. Often within 30 minutes the emergency is resolved, before the contact with the medical officer can even be made. Next Steps: Continue to ensure compliance. Continued communication with the medical officer(s) regarding situations. Continue refining the process. Discussions with the medical officer and refining the process.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update In 1/1 instances, the medical officer assessed the situation. In 1/1 instances, the medical officer concurred with strategies for de-escalation of the situation, approving or discontinuing the use of restraint. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: - Continue to ensure compliance. - Continued communication with the medical officer(s) regarding situations.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: - Continue communication with the medical officer(s) regarding situations. - Verify that the medical officers understand their responsibilities.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
23.1 The Facility supervisor will document on the restraint form and in the resident's record, the medical officer's de-escalation strategies, the outcome of those strategies used, and whether approval was needed and/or given for continued restraint use.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	5/11/2014 Update Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record. (Exhibit 26 SOS Form DHS-3654 Notification Form)	5/11/2014 Update Next Steps: Continue to ensure compliance. Revise file index for resident medical records to accommodate the form # 3654.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the medical officer's assessment is documented on the EUMR form which is incorporated in the medical record. In 1/1 instances, the medical officer strategies and the outcomes are documented in the EUMR form which is incorporated in the medical record. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: When there is a use of a manual restraint, document the medical officer's consultation, suggestions, and outcomes.	9/15/2014 Update Maintaining completion achieved 4/30/2014
24. The consultation with the medical officer was documented in the resident's medical record.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	5/11/2014 Update Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record. (Exhibit 26 SOS Form DHS-3654 Notification Form) 7/15/2014 Update 1/1 consultations with the Medical Officer is documented in the resident's medical record. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: When there is a use of a manual restraint, document consultation with the medical officer on the DHS-3654 Notification form and in the individual's record.	9/15/2014 Update Maintaining completion achieved 4/30/2014
24.1 When conducting his/her post-restraint review, the Designated Coordinator will verify that the supervisor contacted the medical officer within 30 minutes of the emergency restraint and documented the details in the resident's medical record.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	5/11/2014 Update Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record. (Exhibit 26 SOS Form DHS-3654 Notification Form) 7/15/2014 Update In 1/1 post-restraint reviews the Designated Coordinator verified that the Medical Officer was contacted and details are documented in the resident's medical record. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: The Designated Coordinator reviews the DHS-3654 Notification forms and verifies compliance with these CPA requirements.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT					
25. All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews and/or writing investigative reports will receive competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update All staff are trained to report any allegations of abuse or neglect to the supervisor and/or the Common Entry Point (CEP) as required by State Law. All allegations will be fully investigated and conclusions reached. The CEP must follow State law in submission of substantiated Vulnerable Adult allegations to the county attorney for prosecution. There are a number of levels of investigations that may occur, depending on the situation and allegation: - The Facility will conduct an internal investigation. - DHS may arrange or contract for an external investigation. - DHS Licensing, DHS Adult Protective Services, the Common Entry Point (CEP) process, or the MDH Office of Health Facility Complaints may conduct an investigation, or may determine there is insufficient cause to investigate. (Exhibit 33 DHS Adult Protection Program)	5/11/2014 Update Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed. Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Since March 12, 2014, there were:</p> <ul style="list-style-type: none"> - 2 client-to-client VA allegations investigated at MSHS-Cambridge; 2/2 reports are pending; - 1 client-to-contracted service provider VA allegations at MSHS-Cambridge. We are requesting an investigation. - 1 client-to-staff VA allegation at Stratton Lake. We are requesting an investigation. <p>All allegations were reported to the Common Entry Point.</p> <p>An outside investigator, Greg Wiley, who does not have direct or indirect supervision over the alleged perpetrators, was contracted to conduct investigations of the 2/2 client-to-client VA allegations.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Initiate and conclude investigations.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Because the client-to-contracted service provider allegation did not involve DHS staff, it was referred to the Isanti County Adult Protection Services, who declined to investigate.</p> <p>The outside investigator has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices.</p> <p>(Exhibit 81 VA Investigator Training)</p>		
			<p>9/15/2014 Update</p> <p>As reported in the 7/15/2014 Update, there were 2 client-to-client VA allegations investigated at MSHS-Cambridge; the reports from the outside investigator and the peer review reports have been received.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to initiate and conclude investigations as needed.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>The DHS Licensing Lookup is an online resource for accessing information on the results of an investigation or to find out if there have been any investigations at a specific licensed program, can be found at http://licensinglookup.dhs.state.mn.us</p> <p>(Exhibit 118 Outside Investigator Report #1) (Exhibit 119 Outside Investigator Report #2) (Exhibit 120 Peer Reviews of Outside Investigator Reports #1 and #2)</p>		
25.1 DHS employees having responsibility for investigative duties will receive 8 hours of continuing education or in-service training each year specific to investigative practices.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<p>5/11/2014 Update</p> <p>We are determining which peer and supervisory employees have already had the investigative practices training, and whether that number is sufficient for this Plan or whether more people need that initial and annual training specific to investigative practices.</p>	<p>5/11/2014 Update</p> <p>Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed.</p> <p>Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>DHS has contracted with an outside investigator to conduct investigations of VA allegations. The outside investigator has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices.</p> <p>(Exhibit 81 VA Investigator Training)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>DHS continues to contract with an outside investigator (Greg Wiley) to conduct investigations of VA allegations. DHS uses an internal attorney (Greg Gray) to conduct peer quality reviews of the VA investigation reports. Both maintain required training to complete investigations.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Continue to contract with Greg Wiley or other qualified investigator to conduct investigations. - Continue to use Greg Gray to do a peer quality review of the VA investigation reports.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
25.2 Each investigation will undergo a quality review by a peer or supervisor who has, at minimum been trained in the requirements set forth in this Implementation Plan.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update We are determining which peer and supervisory employees have already had the investigative practices training, and whether that number is sufficient for this Plan or whether more people need that initial and annual training specific to investigative practices.	5/11/2014 Update Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed. Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Gregory Gray, the DHS Chief Compliance Officer, has conducted 2 of 2 peer quality reviews of the investigations.</p> <p>Gray has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices.</p> <p>(Exhibit 81 VA Investigator Training)</p> <p>9/15/2014 Update</p> <p>Gregory Gray continues to meets the qualifications to conduct peer quality reviews of investigations. He has continued to provide peer quality reviews of investigations.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to conduct peer quality reviews of investigations.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Continue to contract with Greg Wiley or other qualified investigator to conduct investigations. - Continue to use Greg Gray to do a peer quality review of the VA investigation reports.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
25.3 The Department will maintain an electronic data management system, to track all information relevant to abuse/neglect investigations. This data management system will minimally include: 1) Incident date; 2) Report date; 3) Incident location; 4) Provider; 5) Allegation type; 6) Alleged victim; 7) Alleged perpetrator(s); 8) Injuries sustained; 9) Assigned investigator; 10) Date investigative report is completed; 11) Substantiation status; 12) Systemic issues identified and the corrective measures taken to resolve such issue; 13) Whether or not the case was referred to the county attorney; and 14) Whether or not charges were filed; and 15) Outcome of charges.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update There is an existing electronic data management system that collects most of these items; it is being reviewed and there are discussions on revising it or using it as the basis for a new system.	5/11/2014 Update Obstacles: Not all the listed information items will be immediately available when a record of an abuse/neglect investigation is created. For example, items 13, 14, and 15 may not be known by the Facility or the Department. Next Steps: Determine system to use to track the information listed. Implement that system and develop report templates.	5/11/2014 Update Incomplete
			7/15/2014 Update An electronic data management system has been created to track all of the elements required of this EC. (Exhibit 82 Abuse Neglect Investigation Tracking Spreadsheet)	7/15/2014 Update Next Steps: Update electronic data management system as information becomes available.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update An electronic data management system is used to track all of the elements required of this EC. The staff person at MnLB who was maintaining this tracking system left MnLB for a different job. There will be follow up when a replacement is hired or this task is re-assigned, to ensure completeness of the data.	9/15/2014 Update Obstacles: The person assigned to this task left MnLB for other employment during this reporting period. Next Steps: - Identify replacement person(s) assigned to maintain this system. - Update electronic data management system as information becomes available.	9/15/2014 Update Complete
25.4 Allegations substantiated by DHS Licensing (Office of Inspector General) will be documented in the client's Facility record.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update Substantiated allegations will be documented in the client's record.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update 1/1 substantiated maltreatment reports has been included in the MSHS-Cambridge client record. (Exhibit 83 Vulnerable Adult Investigation Reporting) 9/15/2014 Update Substantiated allegations will be documented in the client's record.	7/15/2014 Update Next Steps: Continue to ensure compliance. 9/15/2014 Update Next Steps: Continue to document substantiated allegations in the client's record.	7/15/2014 Update Incomplete 9/15/2014 Update Complete
26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	5/11/2014 Update DHS Licensing has found no substantiated allegations of abuse or neglect. If a staff member is found to have committed abuse or neglect they are subject to discipline pursuant to DHS policies and their collective bargaining agreement if applicable.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The process is underway to determine what actions will be taken with each employee pursuant to policies and the bargaining agreement. The employees have not exhausted their appeal rights. (Exhibit 83 Vulnerable Adult Investigation Reporting)	7/15/2014 Update Next Steps: - Continue to ensure compliance. - Determine actions, inform employees, follow through, enable due process under the bargaining agreement.	7/15/2014 Update Maintaining completion achieved 3/31/2014
			9/15/2014 Update DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The process is still underway to determine what actions will be taken with each employee pursuant to policies and the bargaining agreement. The employees have not exhausted their appeal rights.	9/15/2014 Update Next Steps: - Monitor process to determine actions to be taken. - Continue to follow the process for substantiating allegations.	9/15/2014 Update Maintaining completion achieved 3/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
26.1 All substantiated allegations of staff abuse or neglect are referred to Human Resources for human resources action in accordance with the definitions set forth under the Vulnerable Adults Act. All perpetrators will be disciplined in accordance with DHS policies and procedures and Union Contracts.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	<p>5/11/2014 Update</p> <p>DHS Licensing has found no substantiated allegations of abuse or neglect. If a staff member is found to have committed abuse or neglect they are subject to discipline pursuant to DHS policies and their collective bargaining agreement if applicable.</p> <p>7/15/2014 Update</p> <p>DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The substantiated allegation has been referred to DHS human resources. The employees have not exhausted their appeal rights.</p> <p>(Exhibit 83 Vulnerable Adult Investigation Reporting)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: - Follow DHS policy and Union contracts regarding discipline. ☐</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 3/31/2014.</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS Office of the Inspector General (OIG) substantiated one allegation of neglect during the last reporting period. OIG substantiated neglect against 3 staff. The substantiated allegation has been referred to DHS human resources. The employees have not exhausted their appeal rights.	9/15/2014 Update Next Steps: - Monitor process to determine actions to be taken. - Continue to follow the process for substantiating allegations.	9/15/2014 Update Maintaining completion achieved 3/31/2014
27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.	Director of MSHS- Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update There have been no matters of suspected abuse or neglect to refer to the County Attorney. There was one allegation of medication mismanagement. The allegation was submitted to the CEP; there was no substantiation of medication mismanagement from the CEP. The employee separated employment from DHS. (Exhibit 34 VA Maltreatment Report 10/11/2013)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The OIG substantiated one allegation of neglect during the reporting period.</p> <p>Local law enforcement responded to a 911 call for the incident where the allegation of neglect was substantiated. There was an arrest made.</p>	<p>7/15/2014 Update</p> <p>Next Steps: - Follow-up with the OIG or County to determine if the substantiated allegation was referred to the County for prosecution.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>There were zero known referrals of suspected abuse or neglect sent to the county attorney for criminal prosecution during this reporting period.</p> <p>The OIG and county did not refer the substantiated allegation reported in the 7/15/2014 update to the County Attorney.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to monitor for suspected abuse or neglect.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
27.1 All allegations of abuse or neglect related to care of residents of a Facility will be submitted to the common entry point to determine whether or not the case will be referred to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>There have been no matters of suspected abuse or neglect to refer to the County Attorney.</p> <p>There was one allegation of medication mismanagement. The allegation was submitted to the CEP; there was no substantiation of medication mismanagement from the CEP. The employee separated employment from DHS.</p> <p>(Exhibit 34 VA Maltreatment Report 10/11/2013)</p> <p>7/15/2014 Update</p> <p>4/4 VA allegations were reported to the CEP since March 12, 2014.</p> <p>(Exhibit 83 Vulnerable Adult Investigation Reporting)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: - Continue to ensure compliance. - Determine actions, inform employees, follow through, enable due process under the bargaining agreement.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, there were 7 reports made to the Common Entry Point (CEP).</p> <ul style="list-style-type: none"> - 1 medication error - a person's dosage of a medication was changed just before admission, MnLB was not aware. DHS Licensing has contacted MnLB saying they will not investigate because the issue was caught, documentation was updated, there was no harm to the person, and MnLB immediately retrained staff. - 5 client to client allegations - no known follow-up yet - 1 MnLB report to the CEP on an individual's previous provider for allegedly withholding medications <p>There has been no final outcome from the VA allegations referenced in the July 15 Update, so MnLB / DHS HR is not yet able to determine follow-up actions.</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to monitor reported allegations for follow up actions. - When outcomes are learned, determine actions, inform employees, follow through, enable due process under the bargaining agreement. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
SETTLEMENT AGREEMENT SECTION VI.A. RESTRAINT REPORTING & MGMT – FORM 31032					

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>Forms were completed whenever use was made of a manual restraint. The Court Monitor is on the email distribution list for the Notifications (form # 3654) and the Emergency Use of Manual Restraint forms. Note: The forms have been revised since the date of the JSA, and are continually being reviewed and discussed to best keep the Facility, the Department, and the Court and Court Monitor fully informed.</p> <p>(Exhibit 26 SOS Form DHS-3654 Notification Form)</p> <p>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</p> <p>7/15/2014 Update</p> <p>In 1 / 1 uses of manual restraint, the restraint form was fully completed. There was no immediate client debriefing because the client was taken to the hospital following the situation.</p> <p>(Exhibit 77 EUMR 05102014)</p> <p>(Exhibit 78 EIDT for EUMR 05102014)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: Complete a DHS-3654 Notification form for any instance of manual restraint.	9/15/2014 Update Maintaining completion achieved 12/31/2013
28.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update There is a space on the form for the designated coordinator to sign to verify their review of the form completion. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 uses of manual restraint, the designated coordinator verified that the restraint form was completed timely, accurately, and in entirety. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: - The designated coordinator will review the DHS-3654 Notification forms for compliance. - The designated coordinator will follow up with the staff responsible for completing the Notification Form if there is any missing or unclear information or if it was not submitted timely.	9/15/2014 Update Maintaining completion achieved 12/31/2013
29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Incident Report is completed by the end of the staff's shift. The Notification Form is then completed within 24 hours of the emergency use of a restraint or by the next business day, in accordance with the JSA / CPA.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update In 1/1 use of manual restraint, the restraint form was timely completed by the end of the shift. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	9/15/2014 Update Next Steps: Staff will complete the DHS-3654 Notification form by the end of the shift.	9/15/2014 Update Maintaining completion achieved 12/31/2013
29.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update There is a space on the form for the designated coordinator to sign to verify their review of the form completion. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1 / 1 uses of manual restraint, the Designated Coordinator verified by signing the form that the restraint form was completed timely, accurately, and in entirety.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: The designated coordinator reviews the DHS-3654 Notification forms and verifies compliance with these CPA requirements.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Documentation on the form indicates that no prohibited restraint was used.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
30.1 Staff will indicate what type of restraint was used on Form 31032 (or any successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility. There is a section on the form to indicate what type of restraint was used. (Exhibit 26 SOS Form DHS-3654 Notification Form)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances, staff documented the type of manual restraint.</p> <p>(Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of manual restraint use during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>9/15/2014 Update</p> <p>Next Steps: The DHS-3654 includes an area for documenting the type of restraint used.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
30.2 When reviewing the restraint form 24 hrs or one business day post-restraint, the Designated Coordinator will verify that no prohibited techniques were used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>There is a space on the form for the designated coordinator to sign to verify their review of the form completion.</p> <p>(Exhibit 26 SOS Form DHS-3654 Notification Form)</p> <p>7/15/2014 Update</p> <p>During this reporting period, no prohibited techniques were used.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Part of the designated coordinator's review of the DHS-3654 is to verify that no prohibited restraints or techniques were used.	9/15/2014 Update Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION VI.B RESTRAINT REPORTING & MGMT - NOTIFICATIONS					
31. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Office of Health Facility Complaints.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Office of Health Facility Complaints is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update 1/1 EUMRs were submitted to the Office of Health Facility Complaints within 24 hours. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to OHFC within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
31.1 Form 31032 (or its successor) is sent to the Office of Health Facility Complaints within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Office of Health Facility Complaints is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to OHFC within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
32. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH & DD	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to OMHDD Office within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
32.1 Form 31032 (or its successor) is sent to the Ombudsman for MH & DD within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to OMHDD Office within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
33. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS Licensing	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The DHS Licensing Division is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to DHS Licensing within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
33.1 Form 31032 (or its successor) is sent to DHS Licensing within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The DHS Licensing Division is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to DHS Licensing within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
34. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Court Monitor and the Internal Reviewer are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) 7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	5/11/2014 Update Next Steps: Continue to ensure compliance. 7/15/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the Court Monitor and the DHS Internal Reviewer within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013
34.1 Form 31032 (or its successor) is sent to the Court Monitor and to the DHS Internal Reviewer within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Court Monitor and the Internal Reviewer are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances, the form was sent within 24 hours or no later than one business day.</p> <p>(Exhibit 77 EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of prohibited techniques during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue to submit the completed DHS-3654 to the Court Monitor and the DHS Internal Reviewer within 24 hours and no later than one business day.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
35. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the legal representative and/or family to the extent permitted by law.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The legal representative and/or any designated family member are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the legal representative and/or family within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
35.1 Form 31032 (or its successor) is sent to the legal representative, and/or family to the extent permitted by law, within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The legal representative and/or any designated family member are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the legal representative and/or family within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
36. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Case manager.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>The lead agency case manager (when the person has one) is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</p> <p>7/15/2014 Update</p> <p>In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of prohibited techniques during this reporting period.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue to submit the completed DHS-3654 to the case manager within 24 hours and no later than one business day.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
36.1 Form 31032 (or its successor) is sent to sent to the case manager within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The lead agency case manager (when the person has one) is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the case manager within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
37. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiffs' Counsel.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Plaintiffs' Counsel is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the Plaintiffs' Counsel within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
37.1 Form 31032 (or its successor) is sent to the Plaintiffs' Counsel within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Plaintiffs' Counsel is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the form was sent within 24 hours or no later than one business day. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of prohibited techniques during this reporting period.	9/15/2014 Update Next Steps: Continue to submit the completed DHS-3654 to the Plaintiffs' Counsel within 24 hours and no later than one business day.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VI.C. RESTRAINT RESPONSES ARE NOT TO REPLACE OTHER INCIDENT REPORTING, INVESTIGATION, ANALYSIS & FOLLOW-UP					
38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	5/11/2014 Update We are identifying and reviewing other reports, investigations, analyses and follow up for applicability and compliance with this EC. Where applicable, these have been forwarded to the Court Monitor.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete
			7/15/2014 Update 2/4 VA allegations since March 12, 2014 were investigated, the reports of which are pending. 2/4 VA Investigations are pending. For this reporting period, 1 instance of manual restraint use occurred. - In 1/1 instances an EUMR report was generated. - In 0/1 instances a client debriefing was conducted immediately after the incident. The individual was taken to a hospital right after the incident. - In 1/1 instances a review was conducted by the expanded interdisciplinary treatment team. (Exhibit 77 EUMR 05102014) (Exhibit 78 EIDT for EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, there was one VA allegation at MnLB Stratton Lake on 8/11/14. DHS Licensing was notified and the internal investigation process has begun.</p> <p>For this reporting period, zero instances of manual restraint use occurred. No EUMR Notification, client debriefing or follow-up with the EIDT was necessary for use of a manual restraint.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure compliance. - Follow up on investigation process for allegation of action on 8/11/2014. 	<p>9/15/2014 Update</p> <p>Incomplete</p>
38.1 The Designated Coordinator will review each client incident, injury and/or restraint use within 1 business day of its occurrence to: 1) Evaluate the immediate health and safety of the individual(s) involved; 2) Ensure no prohibited techniques were used; 3) Ensure all documentation and notifications were properly made; and 4) Determine what, if any, immediate measures must be taken.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<p>5/11/2014 Update</p> <p>The Designated Coordinator reviewed each client incident, injury and/or restraint use within 1 business day of its occurrence and followed up as appropriate.</p> <p>7/15/2014 Update</p> <p>The Designated Coordinator reviewed each client incident, injury and/or restraint use within 1 business day of its occurrence and followed up as appropriate.</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure compliance. 	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period there were zero incidents of emergency use of manual restraints.</p> <p>17/17 incidents reported on a DHS-3654 Notification Form involved the use of PRN medications, 911 calls, and/or mild injury with no serious outcome of the incident. The PRN uses were client-initiated and not used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement.</p> <p>17/17 incidents were reviewed within one business day as required.</p> <p>Documentation is stored at Op Central and in the Jensen SharePoint site. The Court Monitor and Parties are sent the DHS-3654s.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure compliance. - Continue to create documentation of incidents on the Incident Report tool. - Continue to create DHS-3654 Notification forms and share with identified persons in a timely manner. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.2 The Designated Coordinator will convene an Interdisciplinary Team (IDT) meeting within 5 business days of a restraint to: 1) Review the circumstances surrounding the behavioral emergency; 2) Determine what factors likely contributed to the behavioral emergency, i.e. life event, environmental, relational discord, etc.; 3) Identify what therapeutic interventions, including individualized strategies, were employed and why they were unsuccessful in de-escalating the situation; 4) Review and assess the efficacy of the individual's PBS plan, making changes as needed; 5) Determine if trends/patterns can be identified with this individual or this living area; and 6) Take all corrective measures deemed necessary, indicating what actions are being taken, the party responsible for taking such actions, the date by which these actions will be taken, and how the efficacy of such actions will be monitored. Documentation of the IDT meeting, including attendees, review and actions taken will be thoroughly documented in the individual's record.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	5/11/2014 Update The Designated Coordinator convenes an interdisciplinary team meeting within five business days of the use of a restraint. Current practices and forms are being reviewed and revised as necessary to ensure they include all the steps listed in this Action Item. (Exhibit 35 Form DHS-3653 Consultation with Expanded Interdisciplinary Team (EIDT) Following Emergency Use of Manual Restraint) (Exhibit 37 Example of Five-Point Reviews)	5/11/2014 Update Next Steps: Continue to ensure compliance. Verify that all the steps in this Action Item are addressed in the meeting documentation.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances, the Designated Coordinator convened an interdisciplinary team meeting within five business days of the use of a restraint.</p> <p>(Exhibit 78 EIDT for EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There was zero use of a manual restraint during this reporting period.</p> <p>There were zero EIDT meetings, and so no opportunity to verify that all steps in the Action Item are addressed in EIDT meeting documentation.</p>	<p>7/15/2014 Update</p> <p>Next Steps: In review of upcoming incidents, verify that all the steps in this Action Item are addressed in the meeting documentation on the EIDT form.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Continue to ensure compliance. - At any future use of a manual restraint, verify all steps in this Action Item are addressed in the EIDT meeting documentation.</p>	<p>7/15/2014 Update</p> <p>Complete</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
38.3 When changes to an individual's program plan and/or PBS plan are recommended during the IDT's restraint review, the Designated Coordinator will ensure that such changes are made within 2 business days of the IDT meeting related to the restraint use.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<p>5/11/2014 Update</p> <p>When changes to an individual's program plan and/or PBS plans are recommended during the IDT's restraint review, the designated coordinator will follow up to ensure the changes are made within 2 business days of that IDT meeting.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementing this Action Item and update practices as needed to comply.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/1 instances when changes to an individual's program plan and/or PBS plans were recommended during the IDT's restraint review, the designated coordinator followed up to ensure the changes were made within 2 business days of that IDT meeting.</p> <p>(Exhibit 84 Example of plan changes after EIDT)</p> <p>9/15/2014 Update</p> <p>There was no use of a manual restraint during this reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementing this Action Item within 2 business days of the IDT meeting.</p> <p>9/15/2014 Update</p> <p>Next Steps: When there is a change to the IPP and/or PBS plan recommended during the IDT's restraint review, the Designated Coordinator does the follow up to make sure that change is made within 2 business days of the IDT meeting.</p>	<p>7/15/2014 Update</p> <p>Complete</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.4 A facility-based Positive Behavioral Supports Review (PBSR), comprised of both behavioral analysts and non-clinical staff, will be established and maintained for the purposes of: 1) Reviewing all positive behavioral support plans to ensure they adhere to current best practice; 2) Approving and monitoring the efficacy of all positive behavioral support plans; 3) Reviewing the use of any restrictive and/or emergency interventions, i.e. restraints, 911 calls, etc. The PBSR Committee will meet on a monthly basis.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	5/11/2014 Update Work is being done to develop the team and process described here. There are existing semi-monthly meetings of clinical and non-clinical teams, for the purpose of reviewing data, plans, and discussing next steps in supports.	5/11/2014 Update Next Steps: We will discern whether the requirements of this EC can be met through these existing meetings, if an additional meeting process will need to be developed, or if we need to discontinue existing process and begin de novo.	5/11/2014 Update Incomplete
			7/15/2014 Update PBSR, with BAs and non-clinical staff, occurs every two weeks for every individual served by the Facility for the purposes of this EC.	7/15/2014 Update Next Steps: Continue with PBSRs.	7/15/2014 Update Complete
			9/15/2014 Update A Positive Behavioral Supports Review (PBSR), attended by Behavior Analysts and non-clinical staff, occurs every two weeks for every individual served by the Facility for the purposes of reviewing PSTPs for current best practice, approving and monitoring the efficacy of the PSTP, and reviewing any restrictive and/or emergency interventions.	9/15/2014 Update Next Steps: Continue meetings of the PBSR at least monthly.	9/15/2014 Update Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.5 The PBSR committee will maintain meeting minutes detailing attendance (person/title); chairperson; individual and aggregate data review; issues and trends identified (individual and systemic); corrective measures to be taken; dates by which such corrective measures are to be completed; responsible parties, and follow-up of the previous month's action plans.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	5/11/2014 Update Work is being done to develop the team and process. There are existing semi-monthly meetings of clinical and non-clinical teams, for the purpose of reviewing and discussing a person's plans and status. We will discuss whether these items are an appropriate addition to those meetings or if separate meetings need to be scheduled.	5/11/2014 Update Next Steps: The team and process will be set up by the 6/30/2014 deadline. Hold PBSR committee meetings and maintain meeting minutes.	5/11/2014 Update Incomplete
			7/15/2014 Update The PBSR committee maintains meeting minutes.	7/15/2014 Update Next Steps: Refine meeting minutes. ☐	7/15/2014 Update Complete
			(Exhibit 85 Template - DHS-3661 Positive Behavioral Supports Review) (Exhibit 86 Example of Semi-monthly Individual Progress Meeting Notes) 9/15/2014 Update The PBSR committee continues to maintain meeting minutes with details of attendance, issues and trends, corrective measures to be taken by what date, who is responsible for doing something, and follow up of the previous action plans.	9/15/2014 Update Next Steps: Continue to maintain meeting minutes of the PBSR committee.	9/15/2014 Update Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.6 The Department will identify and address any trends or patterns from investigations.	MN Life Bridge Clinical Director (Tim Moore) / Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	10/31/2014	5/11/2014 Update Work is being done to develop the team and process. Work will be done to develop practices or expectations for identifying and addressing any trends or patterns from investigations related to the emergency use of restraints.	5/11/2014 Update Next Steps: Discuss and develop practices or expectations for this item.	5/11/2014 Update Incomplete
			7/15/2014 Update The Department is identifying trends and patterns through various efforts including Licensing reviews, VAA investigations, and BIRF reporting.	7/15/2014 Update Next Steps: Hire Data Analyst to further identify and address trends and/or patterns from investigations.	7/15/2014 Update Incomplete
			9/15/2014 Update The Department continues to review to identify trends and patterns through various efforts including Licensing reviews, VAA investigations, and BIRF reporting. The JIO Data Analyst position has been posted internally. Interviews are scheduled for the end of September or early October 2014.	9/15/2014 Update Next Steps: - Continue to identify and address trends and/or patterns from investigations - Hire Data Analyst - With Data Analyst, further identify and address trends and patterns from investigations	9/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - INTERNAL REVIEWER					
39. In consultation with the Court Monitor during the duration of the Court's jurisdiction, DHS designates one employee as Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	5/11/2014 Update Dr. Richard Amado is the current designated Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints. (Exhibit 38 2014 Internal Reviewer Monthly Reports)	5/11/2014 Update Next Steps: There will continue to be an employee designated, in consultation with the Court Monitor during the duration of the Court's jurisdiction, as the Internal Reviewer	5/11/2014 Update Complete
			7/15/2014 Update Dr. Amado continues to be the designated Internal Reviewer.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update Dr. Amado continued to be the designated Internal Reviewer during this reporting period.	9/15/2014 Update Next Steps: Continue to designate an employee, in conjunction with the Court Monitor, as the Internal Reviewer.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
40. The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint, and no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	5/11/2014 Update The Internal Reviewer is on the distribution list for these forms. The Notification Form is sent electronically within 24 hours and no later than one business day of the manual restraint. (Exhibit 26 SOS Form DHS-3654 Notification Form) (Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) ☐	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 1/1 instances, the Facility provided the notification form to the Internal Reviewer within 24 hours or no later than one business day of the manual restraint. (Exhibit 77 EUMR 05102014)	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period. No DHS-3654 Notification forms (EUMR) were needed.	9/15/2014 Update Next Steps: Continue to provide notification to the Internal Reviewer within 24 hours of the use of a manual restraint.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
40.1 The shift supervisor/administrator on duty will notify the Internal Reviewer of the restraint within 24 hours and no later than one business day. Notification will be made electronically along with the completed Form 31032 (or its successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<p>5/11/2014 Update</p> <p>The Internal Reviewer is on the distribution list for these forms. The Notification Form is sent electronically within 24 hours and no later than one business day of the manual restraint.</p> <p>(Exhibit 26 SOS Form DHS-3654 Notification Form)</p> <p>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms) ☐</p> <p>7/15/2014 Update</p> <p>In 1/1 instances, the Facility provided the notification form to the Internal Reviewer within 24 hours or no later than one business day of the manual restraint.</p> <p>(Exhibit 77 EUMR 05102014)</p> <p>9/15/2014 Update</p> <p>There were zero instances of manual restrain use during this reporting period. No DHS-3654 (EUMR) Notifications were needed for restraint use.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p> <p>9/15/2014 Update</p> <p>Next Steps: The procedure continues to be notifying the Internal Reviewer of the restraint within 24 hours or one business day, using the DHS-3654 Notification form.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
41. The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update The Internal Reviewer consults with staff to address the incident, and creates a monthly report addressing the items under EC 41. These monthly reports are sent to the Court Monitor. (Exhibit 38 2014 Internal Reviewer Monthly Reports)	5/11/2014 Update Next Steps: Continue the Internal Reviewer's responsibilities.	5/11/2014 Update Incomplete
			7/15/2014 Update Dr. Amado, as the Internal Reviewer, continued to consult with Facility staff to address restraint use, and created a monthly report addressing the items under EC 41.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, Dr. Rick Amado, as the Internal Reviewer, continued to consult with Facility staff, and continued to create his monthly reports addressing the items under EC 41.</p> <p>The monthly Internal Reviewer reports are emailed to the Court Monitor, the Plaintiffs' Counsel, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Office for Developmental Disabilities. The Internal Reviewer's monthly reports are stored electronically in the DHS Jensen EC and Cambridge Implementation Plan SharePoint site at Shared Documents / Internal Reviewer Reports.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to have an Internal Reviewer who creates monthly reports addressing the items under EC 41.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
41.1 The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how deescalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	5/11/2014 Update The Internal Reviewer consults with staff to address the incident, and creates a monthly report addressing the items under EC 41. These monthly reports are sent to the Court Monitor. (Exhibit 38 2014 Internal Reviewer Monthly Reports)	5/11/2014 Update Next Steps: Continue the Internal Reviewer's responsibilities.	5/11/2014 Update Incomplete
			7/15/2014 Update The Internal Reviewer consults with staff to address the incident, and creates a monthly report addressing the items under EC 41. These monthly reports are sent to the Court Monitor.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Dr. Amado, as the Internal Reviewer, continued to consult with Facility staff, and continued to create his monthly reports addressing the items under EC 41.</p> <p>The monthly Internal Reviewer reports are emailed to the Court Monitor, the Plaintiffs' Counsel, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Office for Developmental Disabilities. The monthly reports are stored electronically in the DHS Jensen EC and Cambridge Implementation Plan SharePoint site at Shared Documents / Internal Reviewer Reports.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to have an Internal Reviewer who creates monthly reports addressing the items under EC 41.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - EXTERNAL REVIEWER					
42. On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	5/11/2014 Update This EC is in place, based on the Court Order of 4/23/2013.	5/11/2014 Update Next steps: Continue funding the costs of the Court Monitor.	5/11/2014 Update Complete
			7/15/2014 Update This EC remains in place. Court Monitor invoices are reviewed, discussed if necessary, and paid.	7/15/2014 Update Next steps: Continue funding the costs of the Court Monitor.	7/15/2014 Update Maintaining completion achieved 4/23/2013
			9/15/2014 Update This EC remains in place. Court Monitor invoices are reviewed, discussed if necessary, and paid. Copies of invoices and payment authorizations are stored in the Jensen EC and Cambridge Implementation Plan SharePoint site, in Shared Documents / Court Orders and Filings / Invoices and Payments to Court Monitor.	9/15/2014 Update Next steps: Continue funding the costs of the Court Monitor.	9/15/2014 Update Maintaining completion achieved 4/23/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
43. After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	5/11/2014 Update This EC is in place, based on the Court Order of 4/23/2013.	5/11/2014 Update Next steps: Continue to review and comment on draft reports from the Court Monitor.	5/11/2014 Update Complete
			7/15/2014 Update This EC remains in place.	7/15/2014 Update Next steps: Continue to review and comment on draft reports from the Court Monitor.	7/15/2014 Update Maintaining completion achieved 4/23/2013
			9/15/2014 Update This EC remains in place. The Court Monitor continues to act as the External Reviewer.	9/15/2014 Update Next steps: Continue to review and comment on draft reports from the Court Monitor.	9/15/2014 Update Maintaining completion achieved 4/23/2013
44. In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	5/11/2014 Update This EC is in place, based on the Court Order of 4/23/2013.	5/11/2014 Update Next steps: Continue to address Court Monitor judgments, recommendations, and reports.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
plan pursuant to the Order of August 28, 2013.			<p>7/15/2014 Update</p> <p>This EC remains in place.</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to address Court Monitor recommendations, and reports.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 8/28/2013</p>
			<p>9/15/2014 Update</p> <p>The Court Monitor continues these duties, reviewing for compliance, making recommendations and offering technical assistance, and filing reports with the Court. DHS addresses the reviews, recommendations, and reports as appropriate.</p> <p>A standard operating procedure is in place to file and track in SharePoint all Court Monitor judgments, recommendations, requests, and reports. During this reporting period, we documented 7 requests for information from the Court Monitor, and we documented 18 instances of providing information to the Court Monitor on specific occurrences in individual's lives.</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to address Court Monitor recommendations and reports. - Continue to respond to Court Monitor requests for information. - Document Court Monitor requests and DHS responses in SharePoint. - Document standard operating procedures for filing and tracking all Court Monitor judgments, recommendations, reports, and requests. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 8/28/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
EXTERNAL ENTITY AND PLAINTIFFS' ACCESS					
45. The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Complete
			7/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	7/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	9/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
45.1 Open access to the Facility, its successors, and their records is given to the Office of Ombudsman-MH/DD, The Disability Law Center and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.D332	5/11/2014 Update Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Complete
			7/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	7/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	9/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	5/11/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Complete
			7/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	7/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update There continues to be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	9/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
46.1 The Ombudsman-MH/DD, Disability Law Center and Plaintiffs' counsel have all exercised their authority to access the Facility, its successors, and their records.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	5/11/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	5/11/2014 Update Complete
			7/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	7/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			7/15/2014 Update There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	7/15/2014 Update Next steps: Continue to allow access to the Facility and its records.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VIII. TRANSITION PLANNING					
47. The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation, opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	5/11/2014 Update There is a team meeting every 30 days to review and update the resident's plans, services, and supports. There is a meeting scheduled every two weeks with the person and their staff to review the person's status and to continue developing and refining their PCP and transition plans. The Jensen Implementation Office and the DHS Disability Services Division (DSD) are working together to support the residents. DSD has created a Community Capacity Building Team that will provide another level of support and assistance to develop more integrated settings. Staff assigned to that Team have experience working with clients, families, and legal representatives. They have experience providing technical assistance and supports to case managers and care coordinators, and to providers of services. ☐	5/11/2014 Update Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues.</p> <p>(Exhibit 2 Transition Plan for individual transitioned on 09/20/2013)</p> <p>(Exhibit 3 Transition Plan for individual transitioned on 10/29/2013)</p> <p>(Exhibit 4 Transition Plan for individual transitioned on 11/08/2013)</p> <p>(Exhibit 5 Transition Plan for individual transitioned on 12/03/2013)</p> <p>(Exhibit 6 Transition Plan for individual transitioned on 12/20/2013)</p> <p>(Exhibit 7 Transition Plan for individual transitioned on 03/18/2014)</p> <p>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Each individual at the facility continues to have a monthly IDT meeting and a bi-weekly staff meeting to check their status, and to update their plans as needed.</p> <p>As of June 30, 2014, there is one individual remaining on the MSHS-Cambridge campus.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to work with providers willing to serve residents with complex behaviors and needs. - Provide training to county and tribal staff and providers on the JSA requirements. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The one individual remaining at MSHS-C during this reporting period continued to have a monthly IDT meeting and a bi-weekly staff meeting to check their status, and to update their plans as needed and as plans changed. As with other people transitioning out of MSHS-Cambridge, extensive effort has been made by MSHS-C/MnLB and the Department to develop the individualized community living arrangement desired by this person. Documentation for this individual is stored at Op Central on the Cambridge Campus.</p> <p>People receiving services at MnLB Stratton Lake also have a monthly IDT meeting and a bi-weekly staff meeting. Plans for transitioning out of MnLB are begun at admission. Documentation for them is stored at the site.</p> <p>People whose home is ECMSOCS have a quarterly IDT meeting, with documentation stored at ECMSOCS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to work with providers willing to serve residents with complex behaviors and needs. - Provide training to county and tribal staff and providers on the JSA requirements. - Continue to assist individuals to pursue plans to move to a living situation with more freedom, as appropriate. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
47.2 Regarding transition planning for individuals entering more restrictive settings, the tasks under Evaluation Criteria 48 to 53 shall be fulfilled.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator	8/31/2014	5/11/2014 Update (Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	5/11/2014 Update Next Steps: Continue implementing the ECs.	5/11/2014 Update Incomplete
			7/15/2014 Update During this reporting period, no individual was transitioned to a more restrictive setting.	7/15/2014 Update Next Steps: Continue ensure compliance.	7/15/2014 Update Incomplete
			9/15/2014 Update During this reporting period, no individual was transitioned to a more restrictive setting. If someone were to be transitioned to a more restrictive setting, the tasks under Evaluation Criteria 48 to 53 will be fulfilled.	9/15/2014 Update Next Steps: Continue to be aware of to where persons are transitioning, so the tasks in ECs 48 to 53 can be fulfilled for all individuals as they choose / prefer.	9/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
48. The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	5/11/2014 Update As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues. (Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	5/11/2014 Update Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs. Next Steps: Continue actively pursuing appropriate discharges.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 5/5 residents at MSHS-Cambridge during this reporting period, the State actively pursued the appropriate discharge in accordance with this EC.</p> <p>4/5 residents were transitioned out of MSHS-Cambridge on or before 06/30/2014. MN Life Bridge is available to provide support and technical assistance to the individual and their new provider(s).</p> <p>1/5 residents remains on the MSHS-C campus as of 06/30/2014. Plans for that person's transition are actively being pursued; the Court Monitor receives regular updates (often daily) on the status of the efforts to complete the transition.</p> <p>Part of the MSHS-C / MNLB transition process includes a review with the individual at 45 days after transition.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue actively pursuing appropriate discharges and associated resources. - Provide training on JSA requirements to counties, tribes, health plans, and providers. - Discuss options for the State to better address this EC, including, as an option, seeking approval for modification of the Olmstead Plan. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>The Therapeutic Follow-up Team tracks individuals to ensure they are receiving services according to the JSA and CPA.</p> <p>While the Department believes it is demonstrating compliance with the transition planning of Facility residents, the Court Monitor's Report to the Court: Community Compliance Review of June 20, 2014, (Doc 313) found the State to be noncompliant. The Department filed a response on July 3, 2014 (Doc 324) with its position regarding the Court Monitor's report and examples of how it plans to strengthen the monitoring and oversight of counties.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1 individual remained at MSHS-Cambridge during most of this reporting period. The State actively pursued the appropriate discharge in accordance with this EC. Plans for that person's transition were actively pursued; the Court Monitor received regular updates (often daily) on the status of the efforts to complete the transition.</p> <p>1 resident was transitioned out of the MnLB Stratton Lake Home during this reporting period. MnLB and CSS are available to provide support and technical assistance to the individual and their new provider(s).</p> <p>Part of the MSHS-C / MNLB transition process includes a review with the individual at 45 days after transition. ☐</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue actively pursuing appropriate discharges and associated resources. - Follow up with individuals at 45 days post- transition to see how their plan(s) are being implemented, and to make any adjustments needed. - Provide training on JSA requirements to counties, tribes, health plans, and providers. - Discuss options for the State to better address this EC, including, as an option, seeking approval for modification of the Olmstead Plan. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Part of an email received in August 2014 from a former client reads, "Thanks so much for your time for helping me through my meetings. I will be working at XX doing the cash register and cleaning. I want to say thanks for everything you did. I will be starting at XX some time this week. I am getting excited to work again. Now I can bring home the money. Now I can go and do some things at different places. .." These are things that were important to this individual.</p> <p>Documentation is stored at the residential setting where the person received services.</p>		
48.1 Each individual currently living at MSHS-Cambridge, and any individuals admitted prior to its closure, will have an appropriate transition plan developed within 30 days of admission in accordance with the individual needs and preference for the most integrated setting possible . (For this purpose "admission" and "commitment" are treated the same.).	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<p>5/11/2014 Update</p> <p>As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues.</p> <p>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</p>	<p>5/11/2014 Update</p> <p>Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs.</p> <p>Next Steps: Continue actively pursuing appropriate discharges.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>There were no new admission to MSHS-Cambridge for this reporting period. The one individual remaining at MSHS-Cambridge has a transition plan, which is reviewed and updated regularly as planning for transition continues.</p> <p>(Exhibit 91 Planning Documents dated 06122014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>There were no new admissions to MSHS-Cambridge for this reporting period.</p> <p>The final individual remaining at MSHS-Cambridge had a transition plan, currently stored in Op Central at MSHS-Cambridge, which was reviewed and updated regularly as planning for transition continues, and was implemented when he moved to the community on 8/29/2014.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Verify the MSHS-Cambridge program is de-licensed. - As needed / requested, follow up on individuals formerly served at MSHS-Cambridge to verify their transition plan is working, or if there needs to be adjustments.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
48.2 For individuals who may by law or court order be required to enter more restrictive and less integrated circumstances, such as incarceration in a prison, person-centered planning and transition planning is given the same importance as voluntary admissions. All efforts will be towards preparation and transition, safeguarding, negotiating with facilities, supports while in a facility, and implementing immediate post-facility transition into well-matched supports.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	5/11/2014 Update Transition planning is done with and for all residents regardless of their known or unknown future circumstances. Sometimes the planning is for a more long term future.	5/11/2014 Update Obstacles: Certain settings may not have sufficient support systems in place. Next Steps: Discuss and plan for ways to address potential settings without sufficient supports.	5/11/2014 Update Incomplete
			7/15/2014 Update During this reporting period, no individual was transitioned to a more restrictive setting.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Complete
			9/15/2014 Update During this reporting period, no individual was transitioned to a more restrictive setting.	9/15/2014 Update Next Steps: Continue to provide the same person-centered and transition planning to all individuals served, regardless of where they may be required to enter or where they may choose to live. 2	9/15/2014 Update Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
49. Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	5/11/2014 Update The individual, the individual's family and/or legal representative have been invited to be involved in the team evaluation, decision making, and planning process, unless the individual would specifically request someone not be invited.	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update In 5/5 instances at MSHS-C, 2/2 instances at MN Life Bridge, and 3/3 instances at East Central MSOCS, the individual, the individual's family and/or legal representatives were invited to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			Some individuals' planning process included more involvement by family and/or legal representatives than others.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In 1/1 instances at MSHS-C, 5/5 instances at MN Life Bridge, and 3/3 instances at East Central MSOCS, the individual, the family and/or legal representatives were invited to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.</p> <p>There are varying amounts of family involvement in the lives of the individuals served, and in participating in these processes.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to have the individual involved in the team evaluation, decision making, and planning process to the greatest extent practicable - Continue to invite the individual's family and /or legal representative(s) to be involved in those activities - Find out and use the preferred communication method(s) 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
49.1 Each individual and/or the individual's family and/or legal representative as desired by the individual or required by guardianship is permitted, actively encouraged, and welcomed to be involved in the individual's person-centered planning and decision making to the greatest extent practicable utilizing whatever communication method the individual prefers and respecting the individual's right to choose the participants.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	5/11/2014 Update The individual, the individual's family and/or legal representative have been invited to be involved in the team evaluation, decision making, and planning process, unless the individual would specifically request someone not be invited. ☐	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
Invitations to all planning and evaluation meetings will be extended. Alternate means of participation will be extended to those who cannot travel or attend, including phone and video conferencing.			7/15/2014 Update The process of inclusion in the team evaluation, decision making, and planning process continues.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>It continues to be current practice and process to find out who the individual wants to invite to be part of their person-centered planning process, and to invite, encourage, and welcome their participation.</p> <p>Documentation of the process and of the individual's choices for participants is stored in the individual's record, at their residential setting.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to get input from the individual on who they want to invite to be involved in their person-centered planning and decision making - Continue to permit, encourage, and welcome involvement from family and legal representatives - Continue to allow in-person or alternate means of attendance at planning and evaluation meetings 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
49.2 Each individual will be invited and encouraged to participate in and take leadership in the person-centered planning processes when this is possible and desired by the person. In all circumstances, the person-centered planning process will be engaged in for and with all individuals, with the understanding that transition and change will happen, that the people are vulnerable, and may need the alliance and support of other allies to support the process of moving forward. High quality person-centered planning, including the development of person-centered profiles, plans, and transition plans, will not be delayed or minimized by a person's perceived level of readiness to take leadership of the process, or willingness to engage in the process.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	5/11/2014 Update This has been and will continue to be current practice in Minnesota. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update This has been and will continue to be our current practice.	7/15/2014 Update Next Steps: Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>It continues to be current practice and process to invite and encourage the individual to participate in and take leadership in the person centered planning processes whenever possible and then the individual want this. As individuals become more familiar with the process, they are often more comfortable with taking more of a leadership role in their planning.</p> <p>Documentation of the planning process and the individual's choices for participants and participation is stored in the individual's record, at their residential setting.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to invite and encourage the individuals to participate in and take leadership in their person-centered planning processes - Continue to assist in development and enrichment and implementation of their plans - Continue to document their choices and preferences 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50. To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	5/11/2014 Update The State uses person centered planning principles to develop client plans. There are a variety of tools, methodologies, and techniques in person centered planning, and Facility staff and administration select the tool or tools that will best document the individual's status and choices that day. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident) (Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 6/7 instances at MSHS-C / MN Life Bridge, person centered planning principles were used to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths and support needs.</p> <p>In 1/7 instances, a new client was admitted on 6/30/2014; PCP principles are being used to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths and support needs.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In 1/1 instances at MSHS-C, 5/5 at MnLB Stratton Lake, and 3/3 at East Central MSOCS, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs.</p> <p>The profiles and person-centered plans are stored at the individual's residential setting.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to use person-centered planning principles to facilitate the identification of interests, goals, likes and dislikes, abilities, strengths, and support needs of people served by MnLB.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.1 Person-centered planning: 1) Will be started immediately upon meeting the person, before admission if possible; 2) Will be on-going; 3) Will be supported by a team of people who represent the interests of the person, if need be; 4) Without exception, and only if the person objects to the inclusion of specific people, the support team will include willing family members, case managers, current, past and future service workers, and at least one individual who is in a freely-given relationship with the person which is conflict-free. This can include a community advocate, citizen advocate, family member, or other individual who only has the welfare of the individual to consider.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update Planning begins immediately upon meeting the person, if not sooner (generally, it begins as soon as MSHS-Cambridge / MN Life Bridge is made aware of a potential admission). Current client plans are being updated to comply with this CPA. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident) (Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum)	5/11/2014 Update Obstacles: Many individuals we serve have minimal "freely-given, conflict-free" relationships. Part of the MSHS-Cambridge and MN Life Bridge program is to assist individuals to connect to the community and to learn to develop healthy relationships. Next Steps: Continue to ensure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>If the individual is unable or unwilling to participate, people who know about and care for the individual, with the individual's approval, will still be invited to engage in sharing their perspectives about what that positive future can be and what is needed to bring it about. This process will begin at first contact, with a first person-centered plan drawn up by day 30 after admission or 45 days from approval of this Plan.</p>			<p>7/15/2014 Update</p> <p>This has been and will continue to be our current practice.</p> <p>Person-centered planning tools and documentation have been updated to better reflect current best practices and this Comprehensive Plan of Action.</p> <p>None of the individuals served at MSHS-C during this reporting period currently has an individual in a freely-given relationship participating on their team. This reflects the considerable need to engage in community bridge-building and relationship development with the people we support.</p> <p>Exhibit 78 Template - PCD Picture of A Life and action planning Exhibit 79 Template - PCP Format and Profile</p>	<p>7/15/2014 Update</p> <p>Next Steps: Engage in bridge-building activity with each person in their future home community, traveling from Cambridge as often as is feasible to begin creating community connections with and for the person in advance of their transition.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Person-centered planning begins at admission, if not before. The plans are developed, refined, and enriched throughout the individual's stay at a MnLB home.</p> <p>The profiles and person-centered plans are stored at the individual's residential setting.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue enriching the person's plans, activities, supports, and protections. - Continue support for building connections, supports, and protections in the planned future community. - Be prepared to step in as needed after the individual has transitioned to the community to provide supports and/ or referrals as needed. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.2 Each Person-Centered Plan will be enriched, altered and moved forward at least every 30 days as the person becomes better known and moves toward a new living situation. As plans for this new living situation emerge, each plan will include all activities relevant for transition to a new living situation, relevant and necessary supports to assure the person will have good success, and protections that need to be in place.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update Person centered plans are enriched and moved forward. There are bi-weekly meetings with the resident and their staff to discuss the resident's status. There are monthly meetings with the interdisciplinary team (IDT). These are opportunities to add to and refine the person's plans. In addition, staff make notes of things that happen throughout the week, and those may be used to review the plans for possible updating. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident)	5/11/2014 Update Next Steps: Continue enriching the person's plans, activities, supports, and protections.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 PCPs for people at MSHS-C and 1/2 for people at MN Life Bridge were reviewed and updated at least every 30 days. 1/2 people at MN Life Bridge was admitted on the final day of this reporting period. As plans developed and activities happened for transitioning out of MSHS-Cambridge, more information about the individual and their choices and preferences (important to / important for) were documented.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Engage in bridge-building activity with each individual in their future home community, traveling from Cambridge as often as is feasible to begin creating community connections with and for the individual in advance of their transition.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>For 1/1 individuals served at MSHS-C and 5/5 individuals served at MnLB Stratton Lake, each Person-Centered Plan is enriched, altered and moved forward at least every 30 days as the person becomes better known and moves toward a new living situation.</p> <p>As plans for the individual's new living situation emerge, each plan includes activities relevant for transition to a new living situation, relevant and necessary supports to assure the person will have good success, and protections that need to be in place.</p> <p>For 3/3 individuals living at East Central MSOCS, plans are reviewed and updated quarterly.</p> <p>Documentation is stored at the individual's residential setting.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue enriching the person's plans, activities, supports, and protections. - Continue support for building connections, supports, and protections in the planned future community. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.3 The information from each Person-Centered Plan will be fully incorporated into each person's transition plan, Positive Behavior Support Plan, goal plans, and service objectives within any Individual Service Plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<p>5/11/2014 Update</p> <p>Person centered thinking and planning is taught to staff and is used throughout the planning process and throughout daily activities. The forms that have been in use are being reviewed and revised as necessary to match the terminology required in this Plan. (Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum) (Exhibit 43 DHS 6810, 6810A, and 6810B Positive Support Transition Plan form, Review form, and Instructions)</p> <p>7/15/2014 Update</p> <p>For 7/7 individuals served at MSHS-C / MN Life Bridge and 3/3 served at East Central MSOCS , information from the person-centered plan informs their transition plan, positive support transition plan (PBS plan), and formal outcomes/goals in the CSSP-A (individual service plan).</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue reviewing and revising as necessary forms, procedures, policies, training, daily terminology used to match that required by this Plan.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to evaluate each individual's forms and documentation to ensure compliance with this plan.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014) (Exhibit 110 Planning Documents dated 06102014) (Exhibit 111 Planning Documents dated 03012013) (Exhibit 112 Planning Documents dated 06302014)		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>For 1/1 individuals served at MSHS-C, 5/5 served at MnLB Stratton Lake, and 3/3 residents living at East Central MSOCS , information from the person-centered plan informs their transition plan, positive support transition plan (PBS plan), and formal outcomes/goals in the CSSP-A (individual service plan).</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to use information from the person-centered plan to inform the transition plan, PBS plan, and formal outcomes in the CSSP-A. - Share information as appropriate with the individual's lead agency (county, tribe, or health plan). 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.4 All plan facilitators will have, or function under the active supervision of a staff person who has, significant experience and background in facilitation, social devaluation and its consequences, and the principles of Normalization / Social Role Valorization, person-centered thinking, and the various and vast array of useful tools and techniques which may be of use for a particular person. Any such supervisor shall co-sign and be responsible for the plan and plan process. In this manner, a thoughtful, authentic, individualized and successful planning process will result in meaningful outcomes. Evidence of use of various, individualized techniques for different individual people will be clear in the development of person -centered plans. (PATH, MAPS, Personal Futures Planning, One Page Profiles, and Helen Sanderson's Person-Centered -Thinking, are examples).	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update Dr. Stacy Danov meets the qualifications listed in this Action Item. Various, individualized techniques are used for different people in developing their initial plan at admission, and other plans throughout their stay in the program. Depending on the person's status at the time, there are different needs and wants ("important to" and "important for") to be addressed in the plan at that time. Many people upon admission are in some sort of crisis situation and it is important to and for the person to address that right away. (Exhibit 44 CV and Training Record for the Psychologist 3)	5/11/2014 Update Obstacles: There are very few people in Minnesota who could meet the qualification listed here. Next Steps: Continue implementing this Action Item and using person centered planning techniques individualized to the person.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Dr. Danov continues to facilitate all person-centered plans at the Facility.</p>	<p>7/15/2014 Update</p> <p>Obstacles: There are very few people in Minnesota who could meet the qualification listed here.</p> <p>Next Steps: Continue implementing this Action Item and using person centered planning techniques individualized to the person.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>Dr. Danov has resigned her position at MN Life Bridge. She has provided training to the clinical team at MnLB and will remain available for consultation about person-centered plans, but will not be able to formally facilitate. A national search to fill the position will begin in the coming weeks. In the interim, Dr. Moore and others will fill in to make sure tasks are accomplished.</p>	<p>9/15/2014 Update</p> <p>Obstacles: A limited number of qualified candidates are available with the required credentials, and this search may take some time.</p> <p>Next Steps: - Begin search for a replacement for Dr. Danov. - Maintain task completion in her absence.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.5 An annual learning and professional development plan which includes the above areas will be developed with and for each facilitator of person-centered processes. It may include reading, research, formal, and informal training, mentoring, and development events. These learning and professional development plans will include a minimum of 25 hours per year of educational activities (formal and informal) focused on person-centered planning, and will be completed as planned. Attendance at professional conferences, in and out of state, will be supported and facilitated.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	5/11/2014 Update Staff learning and professional development planning is under review to assure compliance with the Plan. (Exhibit 44 CV and Training Record for the Psychologist 3)	5/11/2014 Update Next Steps: Complete the review of staff learning and development planning practices for compliance with this Plan.	5/11/2014 Update Incomplete
			7/15/2014 Update Dr. Danov serves as the facilitator of Person Centered Processes at the Facility. Her annual learning and professional development plan is being developed to include the requirements of this EC. She continues to attend professional conferences including the annual convention of the Association for Positive Behavior Support in March 2014 (Chicago, IL). (Exhibit 93 Updated Professional Development Plan for BA3)	7/15/2014 Update Next Steps: - Continue to develop the annual learning and professional development plan. - Continue to support and facilitate Dr. Danov's attendance at professional conferences.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Staff learning and professional development planning will continue, to assure compliance with the Plan. Dr. Moore and qualified others will cover Dr. Danov's responsibilities for now. Staff learning and professional development plans are stored at Op Central or the residential setting they are based out of.	9/15/2014 Update Next Steps: - Continue to cover Dr. Danov's responsibilities until a replacement is hired and trained.	9/15/2014 Update Complete
50.6 Person-Centered Planning will include the intentional development of each support team's understanding and analysis of the individual's particular life experiences and how they have impacted the person. Themes, patterns, potential responses, and lessons should be drawn from this knowledge. Biographical timelines, or other person-centered means to capture histories and understand the person will be conducted for each person, with the collaboration of the person and family, if appropriate.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update Staff are aware of the concept of trauma-informed care, and of how they need to be aware of their own behaviors due to trauma they may have experienced. (Exhibit 45 Examples of History Maps)	5/11/2014 Update Next Steps: Continue implementation and compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Dr. Stacy Danov has been developing PCT training for staff (done in conjunction with training development and updating by the State Operated Services learning and development team) that will further enhance capacity program-wide in this area.</p> <p>(Exhibit 94 Course Description - Positive Behavior Support) (Exhibit 95 Course Description - Person Centered Approaches) (Exhibit 96 Course Description - Therapeutic Intervention Strategies (EASE)) (Exhibit 97 Course Description - Crisis Intervention and Post Crisis Evaluation)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementation and compliance. - Support Dr. Danov's completion of the PCT curriculum. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Person centered planning was used to develop plans and to inform support teams of individual life experiences for 1/1 individuals served at MSHS-Cambridge, 5/5 individuals served at MnLB, and 3/3 residents at ECMSOCS.</p> <p>Dr. Danov completed developing the PCT curriculum. It now has a code in the Pathlore training registration system.</p> <p>The MN Life Bridge staff are trained to participate in the person-centered planning process per the requirements of this EC. Documentation (the Training Tracker) is stored at Op Central.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to use person centered planning to inform the support team's understanding and analysis of the individual's life experiences.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.7 The development of a person-centered description or personal profile will be used to develop the initial person-centered plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update The PCD or profile are used to develop the initial PCP. Current forms, procedures and terminology are being reviewed and revised as necessary to comply with the terminology required by this Plan. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident)	5/11/2014 Update Next Steps: Continue implementation and revisions as necessary.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>For the 10/10 individuals, the profile informed the development of the PCPs.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan)</p> <p>(Exhibit 88 Planning Documents dated 05092014)</p> <p>(Exhibit 89 Planning Documents dated 05282014)</p> <p>(Exhibit 90 Planning Documents dated 05222014)</p> <p>(Exhibit 91 Planning Documents dated 06122014)</p> <p>(Exhibit 92 Positive Support Transition Plan 06032014)</p> <p>(Exhibit 110 Planning Documents dated 06102014)</p> <p>(Exhibit 111 Planning Documents dated 03012013)</p> <p>(Exhibit 112 Planning Documents dated 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation and revisions as necessary. ☐</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>For the 1/1 individual served at MSHS-C, the 5/5 individuals served at MnLB Stratton Lake, and the 3/3 people living at East Central MSOCS, the profile informed the development of the person-centered plans.</p> <p>Those documents are stored at the residential setting.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue developing the profile for individuals served, and use that information to inform the development of person-centered plans.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>50.8 The formats for the Person-Centered Plan, person-centered description or personal profile will be revised to comply with the content requirements of this CPA. The Individual Program Plan will incorporate the Person-Centered Plan.</p> <p>The Person-Centered Plan will be re-designed to reflect a person-centered approach and style. This will include adding: 1) The focus person's goals, interests and vision for the future; 2) The identification of any actions and plans towards achieving those goals; 3) Support to be provided and by whom; 4) Use of everyday, informal language and avoidance of unnecessary service jargon. Objectives for the Person-Centered Plan will be drawn directly from the person-centered description / profile.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)</p>	<p>8/31/2014</p>	<p>5/11/2014 Update</p> <p>Formats are being reviewed and revised as necessary to comply with the content requirements of this Plan.</p> <p>The Person-Centered Plan is being re-designed to reflect the person-centered approach and style described in this Plan.</p> <p>(Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident)</p> <p>7/15/2014 Update</p> <p>The forms were revised for compliance with this EC.</p> <p>(Exhibit 73 Template - PCD Picture of A Life and action planning) Exhibit 74 Template - PCP Format and Profile)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementation and revisions as necessary.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue implementation and revisions as necessary.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The forms were revised in the last reporting period for compliance with this EC. They reflect a person-centered approach and style as described in this CPA, and objectives are drawn directly from the person-centered description / profile.	9/15/2014 Update Next Steps: Continue implementation and revisions as necessary.	9/15/2014 Update Complete
51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	5/11/2014 Update This is current practice and will continue. All residents are given choices (and opportunities to express their choice) regarding their preferred activities - what they feel contributes to a quality life. Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident) (Exhibit 43 DHS 6810, 6810A, and 6810B Positive Support Transition Plan form, Review form, and Instructions) (Exhibit 46 Examples of Daily Data Sheets)	5/11/2014 Update Next Steps: Continue implementation and revisions as necessary.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 residents at MSHS-Cambridge and 1/1 resident at Stratton Lake were given opportunities to express their choices regarding their preferred activities - what they feel contributes to a quality life.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation and revisions as necessary.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 individuals at MSHS-Cambridge, 5/5 individuals at Stratton Lake, and 3/3 residents at East Central MSOCS were given opportunities to express their choices regarding their preferred activities - what they feel contributes to a quality life. Documentation is stored at the residential settings (Op Central, Stratton Lake, or ECMSOCS).</p> <p>(Exhibit 113 Plans for individual at MSHS-C)</p> <p>(Exhibit 114 Plans for individual at MnLB Stratton Lake)</p> <p>(Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake)</p> <p>(Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake)</p> <p>(Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementation and revisions to plans as necessary. - MnLB: Continue at least monthly meetings with individuals served to allow them to express choices about their life. - ECMSOCS: Continue at least quarterly meetings with residents to allow them to express choices about their life. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
51.1 For each person served at a Facility, the Person-Centered Plan will include preferred activities, areas in which the person wants to learn and grow, relationships to strengthen, and competencies to learn.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	5/11/2014 Update PCPs include the clients' preferred activities and choices for their goals and how they want to spend their time. Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident) (Exhibit 46 Examples of Daily Data Sheets) (Exhibit 47 Example of Daily Client Schedule)	5/11/2014 Update Next Steps: Continue implementation and revisions as necessary.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>10/10 PCPs include the clients' preferred activities and choices for their goals and how they want to spend their time.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan)</p> <p>(Exhibit 88 Planning Documents dated 05092014)</p> <p>(Exhibit 89 Planning Documents dated 05282014)</p> <p>(Exhibit 90 Planning Documents dated 05222014)</p> <p>(Exhibit 91 Planning Documents dated 06122014)</p> <p>(Exhibit 92 Positive Support Transition Plan 06032014)</p> <p>(Exhibit 110 Planning Documents dated 06102014)</p> <p>(Exhibit 111 Planning Documents dated 03012013)</p> <p>(Exhibit 112 Planning Documents dated 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation and revisions as necessary.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 PCP for the individual served at MSHS-Cambridge, 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the clients' preferred activities and choices for their goals and how they want to spend their time.</p> <p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue implementation and revisions to individuals' plans as necessary to document their preferences and choices.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
51.2 Frequent, daily opportunities will be built into daily life for each person to engage in meaningful activities that are personalized, individualized, and selected by the person. These will be activities planned with the person, and carried out in an individualized fashion. "House activities" will generally not be consistent with providing individualized, person-centered activities which the person freely chooses to engage in.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	5/11/2014 Update This is current practice and will continue. Opportunities for activities are offered for each person to chose from, and are provided. Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan. (Exhibit 9 Sample Portfolio Documents) (Exhibit 14 Picture of Life for a current MSHS-C resident) (Exhibit 46 Examples of Daily Data Sheets) (Exhibit 47 Example of Daily Client Schedule)	5/11/2014 Update Next Steps: Continue implementation and revisions as necessary.	5/11/2014 Update Incomplete
			7/15/2014 Update 5/5 individuals at MSHS-C / MN Life Bridge were given frequent daily opportunities to engage in personalized meaningful activities. 5/5 individuals at MSHS-C / MN Life Bridge planned their individual daily activities. (Exhibit 98 Example of Daily Schedule and Outcome Data Tracking 06062014)	7/15/2014 Update Next Steps: Continue implementation and revisions as necessary.	7/15/2014 Update Complete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 individual at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 3/3 residents of ECMSOCS were given frequent daily opportunities to engage in personalized meaningful activities.</p> <p>1/1 individual at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 3/3 residents of ECMSOCS planned their individual daily activities.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue implementation and revision of plans as necessary to document and provide frequent daily opportunities to engage in activities meaningful to the individual.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
52. It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, best efforts will be utilized to create the appropriate setting or service using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	<p>5/11/2014 Update</p> <p>The language in this EC is the State's goal. This Plan provides support to the efforts to have people served in integrated community settings and services with adequate protections, supports and other necessary resources. The resources of DHS are available to meet the needs of the individual.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs. Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update The language in this EC continues to be the State's goal. The Jensen Implementation Office and Team are working in collaboration with internal and external partners toward this goal.	7/15/2014 Update Next Steps: Continue to work with internal and external partners toward this goal.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Documentation and communication of this goal is found in Bulletins and memos / letters with partners and the public. Another Bulletin, now in planning stages, will provide information on the Therapeutic Follow Up project (EC98), which will be reviewing satisfaction, settings and services.</p> <p>A workgroup is meeting to develop a plan for statewide training of lead agencies (counties, tribes, health plans), providers, and others interested. Initial plans were presented to the Court Monitor on August 20, 2014. The intent of the training is to provide more information about this goal and what needs to happen.</p> <p>As described elsewhere in this CPA, there is ongoing collaboration with internal and external partners to implement this goal.</p>	<p>9/15/2014 Update</p> <p>Obstacles: Making timely bids on housing.</p> <p>Next Steps: - Continue to provide information to staff, partners, and the public on the JSA. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. - Continue meetings and collaboration with MnLB and CSS to best develop and support service planning and integrated settings and services, and to triage contacts.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>As individuals were transitioned out of MSHS-Cambridge, the biggest challenge for many was locating housing that would provide an appropriate setting for them. Some of the individuals needed to be in a residential setting where there are no other people receiving services. The housing market in Minnesota has been on an upswing, so several potential houses became unavailable because of the timing of making offers. There are discussions happening on improving that process.</p> <p>As individuals have developed their plans, they also decide the characteristics they want in their staff, and they often develop and provide training for their staff on their plans, choices, and preferences. Services are located or developed to meet the needs and choices of the individuals. For example, at least 2 discharges during this reporting period were demonstrative of ways to meet this goal - from the unique customized supports developed in Fulda, MN to an individual choosing his own home and staff in Brainerd, MN.</p>	<p>- Develop and implement a training plan for lead agencies with responsibilities for case management.</p>	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.1 Each individual's Person-Centered Plan will embody continuously increasing clarity at each revision/ development meeting on what an ideal living situation may look like for the person. These will support and describe "must haves" components which must be in place in any considered situation. This may include living situations which are not offered in existing structured services. It may also be impossible to "show" a person a service that matches their needs, even though they may select that option from several.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update There are monthly IDT meetings, and bi-weekly meetings with the person and their staff. Client plans include their choices for where they want to live and how the environment, roommates, and staff will interact with them. These are developed and refined over time, as the person moves past the crisis or emergent situation that led to their admission, and prepares for transition back to the community. Efforts are made to "show" a person services similar to their PCP or similar to meet their needs. Residents transitioning out of MSHS-Cambridge have had opportunities to find out about existing residential openings, and have visited them and made their selection of where to move.	5/11/2014 Update Next Steps: Continue to have residents actively involved in PCP and making choices of services, supports, and settings. Continue to work with providers willing to serve residents with complex behaviors and needs. Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The actions and activities described above continue.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to have individuals actively involved in PCP and making choices of services, supports, and settings. - Continue to work with providers willing to serve individuals with complex behaviors and needs. - Continue to collaborate with DSD Community Capacity Building team and DC&T Community Support Services to locate or provide services, support, or assistance to develop new services and new community residences. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>There are monthly IDT meetings, and bi-weekly meetings with the person and their staff (Positive Behavioral Support Review).</p> <p>Plans include the person's choices for where they want to live and how the environment, roommates, and staff will interact with them. These are developed and refined over time, as the person moves past the crisis or emergent situation that led to their admission, and prepares for transition back to the community.</p> <p>Efforts are made to "show" a person services similar to those identified in their PCP or similar to meet their needs.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to have individuals actively involved in PCP and making choices of services, supports, and settings. - Continue to work with providers willing to serve individuals with complex behaviors and needs. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Residents transitioning out of MSHS-Cambridge have had opportunities to find out about existing residential openings, and have visited them and made their selection of where to move. They had opportunities to visit the town and get to know it a bit.</p> <p>The one individual who has transitioned out of MN Life Bridge transitioned back to her existing home and was active in training her incumbent staff in the life she chose to live and the supports necessary for her to achieve that life.</p> <p>(Exhibit 113 Plans for individual at MSHS-C)</p> <p>(Exhibit 114 Plans for individual at MnLB Stratton Lake)</p> <p>(Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake)</p> <p>(Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake)</p> <p>(Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>- Continue to collaborate with DSD Community Capacity Building team and DC&T Community Support Services to locate or provide services, support, or assistance to develop new services and new community residences.</p>	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.2 If an existing service/living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports will be added whenever appropriate to ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan. "Must haves" identified as in 52.1 are required to be in place.	Director of Jensen Implementation Office (Peg Booth) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update The resources of DHS are available to address each individual's Person Centered Plan. The process of developing a person's Person Centered Plan occurs over a period of time. There can be a variety of alterations, enhancements, and additional supports needed to be added to an existing service / living situation, and some take longer to achieve than others. Supports and services will be provided that meet the plans as much as possible while others are being developed or located.	5/11/2014 Update Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	5/11/2014 Update Incomplete
			7/15/2014 Update The resources of DHS are available to address each individual's Person Centered Plan. MSHS-C/ MN Life Bridge and CSS staff remain involved post-transition with MSHS-C residents when needed to ensure robust supports, working collaboratively with community-based providers.	7/15/2014 Update Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The resources of DHS are available to address each individual's Person Centered Plan. If an existing service or living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports are added as appropriate to ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan.</p> <p>MN Life Bridge and CSS staff remain involved post-transition with people who were served at MSHS-C as needed and as the individual chooses, to ensure the setting and services are working for the individual.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to work with providers willing to serve individuals with complex behaviors and needs. - Continue to provide assistance and technical expertise as needed for successful transitions - CSS will continue to have available training, mentoring, and coaching to support providers. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. 	<p>9/15/2014</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.3 If an existing residential service is not identified or available, the appropriate services must be created, using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers- Draeger)	6/30/2014	5/11/2014 Update The resources of DHS are available to address each individual's Person Centered Plan. New services and settings identified in the person's Person Center Plan will be created using an individualized service design process.	5/11/2014 Update Obstacles: A potential obstacle is the availability of a structure or trained staff. Another obstacle can be public perception and opinions. There have been concerns raised by neighbors of the two new community homes. Next Steps: Offer and encourage staff training. Continue recruitment of staff and providers. Continue to foster open discussions with neighbors.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In 1/6 instances a unique single-site community residence was developed to meet the individual's needs.</p> <p>In 1/6 instances a unique single-site community residence is in development to meet the individual's needs.</p> <p>In 4/6 instances the individuals moved to a site with unique features distinctive to their needs. These were all well planned and individualized and are settings with which the individuals are pleased and do not object.</p> <p>- One individual moved to a duplex with another young woman with similar tastes and interests, picked because of high quality staff and location access for the community.</p>	<p>7/15/2014 Update</p> <p>Obstacles: Timely training of staff to meet needs.</p> <p>Next steps: - Continue to have individuals participate in training their staff. - Finalize transition to the community for the remaining individual.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<ul style="list-style-type: none">- One individual moved to a setting with a provider with a unique interpreter availability and with a unique payment for services due to his personal circumstance.- One individual had a new home developed and uniquely designed with the individual in mind, with the advantage that the individual had previously been supported by the provider who knows the individual well from the past and who the individual chose over others because of the positive relationship with them.- One individual's new home became a good fit for its location and what was important to the individual related to family dynamics. The home is shared with just 2 other young adults and is well staffed with very capable staff.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The final individual moved from MSHS-C to a one-person setting in the area of choice for that individual. The individual had been very involved in deciding what they wanted in their residential setting, and what they want their life to be like.</p> <p>One individual served at MnLB Stratton Lake returned to their previous residence, which was a one-person setting. Their staff received additional training in providing services to that individual while the individual was at MnLB Stratton Lake.</p> <p>Both of these people participated heavily in the person-centered planning process and in training their staff on their desired life and the supports needed to achieve that life. Services are located or created, using an individualized service design process.</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. - Continue to have individuals participate in training their staff. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.4 When a living situation is identified as a possibility, the individual and the support team as appropriate will have multiple opportunities to visit, meet potential house-mates, interview the staff and provider, spend time in the situation, and be given the opportunity to make a choice about the living situation, request program enhancements or adjustments, or decline the option.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers- Draeger)	6/30/2014	5/11/2014 Update As people have been transitioning from MSHS-Cambridge, they and their support staff have been given opportunities to visit potential living sites, meet with potential house-mates and staff, and they have the opportunity to make choices about the living situation. (Exhibit 2 Transition Plan for individual transitioned on 09/20/2013) (Exhibit 3 Transition Plan for individual transitioned on 10/29/2013) (Exhibit 4 Transition Plan for individual transitioned on 11/08/2013) (Exhibit 5 Transition Plan for individual transitioned on 12/03/2013) (Exhibit 6 Transition Plan for individual transitioned on 12/20/2013) (Exhibit 7 Transition Plan for individual transitioned on 03/18/2014) (Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	5/11/2014 Update Next Steps: Continue implementation.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 individuals served at MSHS-Cambridge, 2/2 people served by MN Life Bridge, and 3/3 people served at ECMSOCS have had opportunities consistent with this EC.</p> <p>An individual was admitted to Stratton Lake on June 30, 2014 (making the census there 2). It was a shorter preparation time than is optimum, but the team worked together to make the admission happen.</p> <p>An individual was admitted to ECMSOCS on June 30, 2014.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 110 Planning Documents dated 06102014) (Exhibit 111 Planning Documents dated 03012013) (Exhibit 112 Planning Documents dated 06302014)		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 individuals served at MSHS-Cambridge, 2/5 people served by MN Life Bridge, and 3/3 people served at ECMSOCS have had opportunities consistent with this EC. These opportunities have been helpful to the individuals to learn how much their choices are valued, and to see options and make plans and decisions.</p> <p>The other 3/5 people receiving services at MnLB were recently admitted and will have opportunities consistent with this EC as their situation stabilizes and their transition planning continues to be developed and enriched.</p> <p>Documentation of efforts is available in the individuals' record at their residential setting.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to research potential living situations for individuals who need that - Continue providing opportunities for the individual and the support team as appropriate to have multiple opportunities to visit, meet potential house-mates, interview the staff and provider, spend time in the situation, and be given the opportunity to make a choice about the living situation, request program enhancements or adjustments, or decline the option. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.5 When a discharge into an alternative living situation is agreed upon, the transition plan will be further developed and finalized. This pre-discharge iteration of the transition plan will include not only the sharing of information and documents transfers between providers, 1) An individualized plan to facilitate a smooth move; 2) Assistance to the person to navigate the move with ease, and arrange for safeguarding and transfer of the person's belongings ; 3) Planning for and making purchases for new home, ; 4) Assistance to become familiar with new neighborhood, area, town; 5) Planning for packing and move day ; 6) Personalization of new home; 7) Notification of family and friends ; 8) Post office and utility changes ; 9) Introductions to neighbors; 10) Setting up opportunities to deepen relationships with future housemates; 11) Celebrations, welcoming, and farewells; 12) Designing layout of space, window treatments, etc. These types of considerations are a part of the typical processes that valued adults in our culture when preparing to move, and these and others shall be considered.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	5/11/2014 Update Transition plans are created and further developed and refined throughout the person's stay. Forms and practices are being reviewed for compliance with the order, style, and terminology in this Plan. (Exhibit 2 Transition Plan for individual transitioned on 09/20/2013) (Exhibit 3 Transition Plan for individual transitioned on 10/29/2013) (Exhibit 4 Transition Plan for individual transitioned on 11/08/2013) (Exhibit 5 Transition Plan for individual transitioned on 12/03/2013) (Exhibit 6 Transition Plan for individual transitioned on 12/20/2013) (Exhibit 7 Transition Plan for individual transitioned on 03/18/2014) (Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	5/11/2014 Update Next Steps: Continue implementation. Review and revise forms and practices as necessary.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 transition plans for people served at MSHS-Cambridge and 2/2 transition plans for people served at MN Life Bridge / Stratton Lake address the elements of this EC.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014) (Exhibit 99 Final Transition Summary and Plans for 4 Individuals)</p>	<p>7/15/2014 Update</p> <p>Next Steps: - Continue implementation.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The forms for transition planning were reviewed earlier this year. Forms and practices were revised to more clearly address the items listed in this EC. These items are now included as part of the transition summary and transition practices and process. The Exhibit with the most recent transition documents is referenced here. (Exhibit 113 Plans for individual at MSHS-C)	9/15/2014 Update Next Steps: - Continue the creation and development of transition plans, using the revised forms, and clearly address the items listed in this EC. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual.	9/15/2014 Update Maintaining completion achieved 6/30/2014
52.6 The format for the transition plan will incorporate and provide for address of the elements in 52.5 above.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	5/11/2014 Update Transition plans are created and further developed and refined throughout the person's stay. Forms and practices are being reviewed for compliance with the order, style, and terminology in this Plan. (Exhibit 8 Sample Positive Support Transition Plan)	5/11/2014 Update Next Steps: Continue implementation. Review and revise forms and practices as necessary.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>10/10 transition plans include the elements of EC 52.5.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan)</p> <p>(Exhibit 88 Planning Documents dated 05092014)</p> <p>(Exhibit 89 Planning Documents dated 05282014)</p> <p>(Exhibit 90 Planning Documents dated 05222014)</p> <p>(Exhibit 91 Planning Documents dated 06122014)</p> <p>(Exhibit 92 Positive Support Transition Plan 06032014)</p> <p>(Exhibit 99 Final Transition Summary and Plans for 4 Individuals)</p> <p>(Exhibit 110 Planning Documents dated 06102014)</p> <p>(Exhibit 111 Planning Documents dated 03012013)</p> <p>(Exhibit 112 Planning Documents dated 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation. Review and revise forms and practices as necessary.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 transitions plans of people served at MSHS-C and 5/5 transition plans of people served at MnLB include the elements of EC 52.5.</p> <p>People residing at East Central MSOCS consider that their home. Generally, there is less emphasis on transition-out planning for these individuals because of that consideration.</p> <p>Documentation for verification is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue the creation and development of transition planning and plans for individuals served, including the elements included in this EC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53. The provisions under this Transition Planning Section have been implemented in accord with the <i>Olmstead</i> decision.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	5/11/2014 Update Interaction between the Jensen Implementation Office and the Olmstead Implementation Office occurs on an ad hoc basis, as well as at regularly scheduled meetings. Future revisions to the <i>Olmstead</i> Plan will be reviewed and addressed as needed.	5/11/2014 Update Next Steps: Continue to implement this Transition Planning Section in accord with the <i>Olmstead</i> Plan. There is a next iteration of the <i>Olmstead</i> Plan due out this summer.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 individuals served at MSHS-Cambridge, 2/2 individuals served at MN Life Bridge, and 3/3 individuals served at ECMSOCS have been provided opportunities to be served in the most integrated setting in accord with the Olmstead decision.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan)</p> <p>(Exhibit 88 Planning Documents dated 05092014)</p> <p>(Exhibit 89 Planning Documents dated 05282014)</p> <p>(Exhibit 90 Planning Documents dated 05222014)</p> <p>(Exhibit 91 Planning Documents dated 06122014)</p> <p>(Exhibit 99 Final Transition Summary and Plans for 4 Individuals)</p> <p>(Exhibit 110 Planning Documents dated 06102014)</p> <p>(Exhibit 111 Planning Documents dated 03012013)</p> <p>(Exhibit 112 Planning Documents dated 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to implement Transition Planning in accord with the Olmstead decision.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1/1 individuals served at MSHS-Cambridge, 5/5 individuals served at MN Life Bridge, and 3/3 individuals served at ECMSOCS have been provided opportunities to be served in integrated settings in accord with the Olmstead decision. DHS continues to work with current and potential providers to expand the capacity of the service system. Documentation is stored in the individual's record.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to implement Transition Planning and provide opportunities to be served in integrated settings in accord with the Olmstead decision to the extent possible for and according to preferences of that individual. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53.1 Any living arrangement, day service, or other service which is administered or organized in a segregated manner must be justified in writing as a part of the transition plan as being necessary. In a "segregated manner" means that the people served are all people with disabilities who have not specifically chosen to live or be served together. This justification will be accompanied by objectives to increase social and physical integration which will be included in service planning objectives and program planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	5/11/2014 Update Any details for a "segregated" setting and objectives for increasing integration are to be included in the person's transition plan.	5/11/2014 Update Next Steps: Continue to implement this Action Item.	5/11/2014 Update Incomplete
			7/15/2014 Update 4/4 individuals transitioned from MSHS-Cambridge chose their community setting and transitioned with recommendations for building bridges to the community. (Exhibit 99 Final Transition Summary and Plans for 4 Individuals)	7/15/2014 Update Next Steps: Continue to implement this Action Item.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The individuals served are very involved in developing their person centered plans and transition plans. If they choose a "segregated" service, that would be noted in their plan along with objectives to increase social and physical integration in service planning objectives and program planning.</p> <p>Documentation is found in individual plans.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementation of this EC, providing opportunities for individuals served to review potential living arrangements / settings and providers so they can make an informed choice for their providers, encouraging more integrated settings whenever possible. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53.2 All services provided and planned for, and transitioned into must be adequate, appropriate, and carefully monitored. This need for monitoring will be carefully weighed by each person-centered team and addressed. This includes services at the Facility and new living and working situations into which a person is transitioning.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update Currently, the person's PCP includes information about the person and monitoring their needs and services. Planning for implementation of this Action Item for people who transition out of MSHS-Cambridge, MSOCS East Central, and successor facilities is ongoing. DHS Community Support Services (CSS) has an option for people to choose what has been called "long term monitoring", where CSS maintains contact with the person after they have transitioned out of CSS services. More planning is in process. (Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	5/11/2014 Update Next Steps: Continue to implement this Action Item and refine planning for future monitoring efforts.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Services are adequate and appropriate and carefully monitored for individuals at the Facility.</p> <p>Staff provide transitional requirements, recommendations, training, clinical consultation and supports for people before and after discharge in collaboration with local supports and CSS.</p> <p>A 45 day post-discharge meeting is set and attended by clinical staff to assure that there is continued fidelity to Person Centered processes and positive behavior support plans, and to see if additional training or consultation may be needed.</p> <p>(Exhibit 99 Final Transition Summary and Plans for 4 Individuals)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to implement this Action Item. - Refine planning for future monitoring efforts. - Continue collaboration with CSS and CCB team. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>All services provided and planned for, and transitioned into are adequate, appropriate, and carefully monitored. This includes services at the Facility and the new living and working situations into which a person is transitioning.</p> <p>The need for and frequency of monitoring is addressed for each individual during planning meetings, and is documented in the plans.</p> <p>There is a 45-day post transition visit with the people who have transitioned from the Facility, to check on how the person is doing and how their plan is being implemented.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Follow the monitoring frequency for each individual served. - Continue collaboration with CSS and CCB team. - Conduct the 45 day post transition from MnLB visits. - Continue to be available to providers and individuals served to consult on the individual's plans and make or suggest adjustments to meet the current needs or preferences of the individual. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Transition plans for individuals are available at the setting where they received services (MSHS-Cambridge, Stratton Lake, or ECMSOCS).</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		
53.3 All services provided will include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. When appropriate, these areas of engagement will be envisioned by the team alongside the individual served, and opportunities will be created for this engagement in everyday life. These roles and engagements will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<p>Plans are being reviewed and revised as needed to comply with the language in this Plan.</p> <p>(Exhibit 9 Sample Portfolio Documents)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to implement this Action Item. Review plans and revise as necessary to comply with the language in this Plan.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Services provided are consistent with this EC. Staff from the Facility provide information and assistance to providers for people being transitioned from the Facility. DSD offers technical assistance, and CSS provides services to people in the community.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014)</p> <p>(Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 99 Final Transition Summary and Plans for 4 Individuals) (Exhibit 110 Planning Documents dated 06102014) (Exhibit 111 Planning Documents dated 03012013) (Exhibit 112 Planning Documents dated 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. - Review plans and revise as necessary to comply with the language in this Plan. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Services provided include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. These areas of engagement are envisioned by the team alongside the individual served, and opportunities are created for this engagement in everyday life. These roles and engagements are and will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes.</p> <p>Documentation is stored at the setting where the individual receives services (MSHS-Cambridge, MnLB Stratton Lake, or ECMSOCS).</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. - Review plans and revise as necessary to comply with the language in this Plan. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)		
53.4 The above areas of engagement (community life, civic life, relationships, career, home, personal interests) will be included in each Person-Centered Plan as focus areas for planning and related objectives.	MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	5/11/2014 Update: All staff training programs and curricula are being reviewed and revised to include a competency evaluation in both knowledge and skills.	5/11/2014 Update Next Steps: Continue to implement this Action Item. Review plans and revise as necessary to comply with the language in this Plan.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>5/5 PCPs for individuals served at MSHS-Cambridge, 2/2 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the areas of engagement as stated in this EC as a focus for planning and related objectives.</p> <p>(Exhibit 87 Example of Final Transition Summary and Plan) (Exhibit 88 Planning Documents dated 05092014) (Exhibit 89 Planning Documents dated 05282014) (Exhibit 90 Planning Documents dated 05222014) (Exhibit 91 Planning Documents dated 06122014) (Exhibit 92 Positive Support Transition Plan 06032014) (Exhibit 99 Final Transition Summary and Plans for 4 Individuals)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. - Review plans and revise as necessary to comply with the language in this Plan. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update 1/1 PCP for the individual served at MSHS-Cambridge, 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the areas of engagement as stated in this EC as a focus for planning and related objectives.	9/15/2014 Update Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC.	9/15/2014 Update Complete
SETTLEMENT AGREEMENT SECTION IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING					
54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	5/11/2014 Update The staff training programs are being reviewed for compliance with this Plan. (Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker	5/11/2014 Update Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Prior to the March 2014 Order, many of these trainings were a one-time session at hire. The 2014 annual retraining has not yet occurred.</p> <p>46/46 staff had received training in:</p> <ul style="list-style-type: none"> - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). <p>39/46 staff received the annual EASE retraining in June 2014.</p> <ul style="list-style-type: none"> - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. <p>(Exhibit 100 Training Tracker)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure staff are trained and training is updated according to best practices.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>40/41 active (2 staff on extended leaves -total of 43 employees) staff at MSHS-Cambridge / MN Life Bridge continue to progress on EASE training requirements.</p> <p>- 1/41 recently returned from a leave and has been scheduled to continue on with the EASE training.</p> <p>Documentation of staff training is available at Op Central on the Cambridge campus.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Monitor staff training requirements and fulfillments. - Implement protocol when staff have not completed required training. - Continue to ensure training is updated according to best practices. - Continue to schedule and hold annual training sessions according to the established schedule. 	<p>9/15/2014 Update</p> <p>Complete</p>
<p>54.1 Facility staff in all positions receive annual standardized training in:</p> <ol style="list-style-type: none"> 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment 	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>6/30/2014</p>	<p>5/11/2014 Update</p> <p>The staff training programs are being reviewed for compliance with this Plan.</p> <p>(Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</p> <p>(Exhibit 48 Description of Training Programs)</p> <p>(Exhibit 49 MSHS-Cambridge Training Tracker)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Review staff training plans and revise as necessary. Review staff training records to assure compliance. 	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Prior to the March 2014 Order, many of these trainings were a one-time session at hire. The 2014 annual retraining has not yet occurred.</p> <p>46/46 staff had received training in:</p> <ul style="list-style-type: none"> - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). <p>39/46 staff received the annual EASE retraining in June 2014.</p> <ul style="list-style-type: none"> - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. <p>(Exhibit 100 Training Tracker)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure staff are trained and training is updated according to best practices.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>There were 46 staff at MSHS-C / MnLB during the last reporting period. There were some staff losses at MSHS-C / MnLB during this reporting period, so there are now 43 staff.</p> <p>40/43 active staff continue to progress on annual EASE training requirements.</p> <ul style="list-style-type: none"> - 1/43 recently returned from leave and has been scheduled to continue on with the EASE training. - 2/43 staff remain on extended leaves <p>Mark Brostrom is in the process of updating the Training Tracker and the Pathlore system. The numbers shown here do not represent the total number of staff who have taken PBS and PCT trainings in this reporting period; the numbers here show the number of employees whose training record has been updated to date.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure staff are trained appropriately and according to schedule. - Continue to make sure that training is reviewed periodically and updated as needed according to best practices. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>29/41 employees have progressed on annual training on PBS (2 employees on extended leave). Others will progress at a future date.</p> <p>27/41 employees have progressed on annual training on PCT (2 employees on extended leave). Others will progress at a future date.</p> <p>Medically Monitored Restraint and Crisis Intervention/Post Crisis Intervention and Assessment annual training sessions are in the process of being scheduled for all staff during the next months.</p> <p>Documentation of staff training is available at Op Central on the Cambridge campus, through Mark Brostrom.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
54.2 All new or temporary Facility staff in all positions receive standardized pre-service training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update The staff training programs are being reviewed for compliance with this Plan. (Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Prior to the March 2014 Order, many of these trainings were a one-time session at hire. 46/46 staff had received training in:</p> <ul style="list-style-type: none"> - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). <p>39/46 staff received the annual EASE retraining in June 2014.</p> <ul style="list-style-type: none"> - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. <p>(Exhibit 100 Training Tracker)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure staff are trained and training is updated according to best practices.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, MSHS Cambridge/MnLB has not hired any new employees. One staff was temporarily reassigned to Stratton Lake from East Central MSOCS to assist with coverage needs. This employee already possessed the required training and receives on-going training as do other regular employees.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure staff are trained and training is updated according to best practices. - Monitor successful completion of training requirements for new hires for MnLB and the Successful Life Project. - Continue to develop the ability of staff to register for training through the Pathlore system. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
54.3 The Department will record, monitor and follow-up with the Facility administration to ensure that all facility treatment staff receive all necessary training including, but not limited to, EC 62-64, below.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	<p>5/11/2014 Update</p> <p>Staff training records are maintained, and are shared with the Jensen Implementation Office and DHS, and with the Attorney General's Office as requested.</p> <p>(Exhibit 49 MSHS-Cambridge Training Tracker)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue to maintain staff training records. JIO will monitor compliance.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/14 Update</p> <p>The Department records and monitors all staff training in Pathlore.</p> <p>The Department uses Pathlore to alert the appropriate supervisors of deficiencies in staff training.</p> <p>9/15/2014 Update</p> <p>The Department records and monitors all staff training in Pathlore. Pathlore is used to generate reports for supervisors to address any training deficiencies.</p> <p>Pathlore system changes are in development to allow staff to register for training through Pathlore. This will mean staff register and administration monitors completion of training requirements in one system, without the possibility of transcription errors when data has had to be hand entered from one system to another.</p>	<p>7/15/14 Update</p> <p>Next Steps: Continue to maintain staff training records. ☐</p> <p>9/15/2014 Update</p> <p>Next Steps: The JIO continues to follow up with the facility administration to ensure all facility treatment staff receive all necessary training.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	5/11/2014 Update There is a didactic approach to staff training. We are reviewing and revising as necessary all staff training programs to be competency based.	5/11/2014 Update Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan.	5/11/2014 Update Incomplete
			7/15/2014 Update Staff training programs and curricula have been reviewed and revised as necessary to comply with this Plan. All staff have been trained to written competency and demonstrated competency in PBS plans and training methodologies to address formal outcomes for all residents at MSHS-C. The PCP training has been revised to include training on the CMS Final HCBS Rule. All new employees will receive the training as part of NEO and current employees will receiving training within the Court-Ordered timeline.	7/15/2014 Update Next Steps: - Continue to train all staff to written and demonstrated competency for all new and revised PBS plans and training methodologies. - Train all current staff on new CMS Final HCBS Rule. - Incorporate training on new CMS Final HCBS Rule in NEO.	7/15/2014 Update Incomplete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update	9/15/2014 Update	9/15/2014 Update
			<p>Staff training is consistent with best practices of the Association of Positive Behavior Supports.</p> <ul style="list-style-type: none">- At the professional/practitioner level, best-practice knowledge is current.- At the direct support level, in-person training, associated materials, and related supports are provided. <p>All staff are trained to written and demonstrated competency for all new and revised PBS plans and training methodologies.</p> <p>Documentation of staff training is available from Op Central on the Cambridge Campus.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>Obstacles:</p> <p>The training curriculum on the new CMS Final HCBS Rule continues to be developed and refined.</p> <p>Next Steps:</p> <ul style="list-style-type: none">- Train all current staff on new CMS Final HCBS Rule.- Incorporate training on new CMS Final HCBS Rule in NEO.	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
55.1 All Facility staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update: All staff training programs and curricula are being reviewed and revised to include a competency evaluation in both knowledge and skills.	5/11/2014 Update Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan.	5/11/2014 Update Incomplete
			7/15/14 Update Training curricula now comply with this Plan. All staff have been trained to written competency and demonstrated competency in PBS plans and training methodologies to address formal outcomes for all residents at MSHS-C. (Exhibit 100 Training Tracker)	7/15/14 Update Next Steps: Continue to train all staff to written and demonstrated competency for all new and revised PBS plans and training methodologies.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Training Tracker is updated to include EASE courses completed and data for PBS/PCT completed submitted toward annual requirements. Medically Monitored Restraint and Crisis Intervention/Post Crisis Intervention and Assessment annual training sessions are in process of being scheduled for all staff.</p> <p>All training programs are competency-based for knowledge and skill.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to train staff to written and demonstrated competency. - Continue to document successful completion of staff trainings. - Follow up with staff who were unsuccessful in completing a training to provide assistance or further opportunities to complete that training. 	<p>9/15/2014 Update</p> <p>Complete</p>
55.2 Training curricula are developed, based on, and consistent with best practices in: 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal safety techniques; and 5) Crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<p>5/11/2014 Update</p> <p>Training curricula are created and revised as necessary to be consistent with best practices.</p>	<p>5/11/2014 Update</p> <p>Next Steps :</p> <p>Continue implementing this Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/14 Update</p> <p>Training curricula now comply with this Plan.</p> <p>(Exhibit 94 Course Description - Positive Behavior Support) (Exhibit 95 Course Description - Person Centered Approaches) (Exhibit 96 Course Description - Therapeutic Intervention Strategies (EASE)) (Exhibit 97 Course Description - Crisis Intervention and Post Crisis Evaluation)</p>	<p>7/15/14 Update</p> <p>Next Steps: Continue implementing this Item.</p>	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>Training curricula continues to comply with current best practices in Positive Behavioral Supports, person-centered approaches and practices, therapeutic intervention strategies, personal safety techniques, and crisis intervention and post-crisis evaluation.</p> <p>Curricula are available upon request to Mark Brostrom.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Periodically review the training curriculum to make sure it complies with current best practices in PBS, PCP, therapeutic intervention strategies, personal safety, and crisis intervention and post-crisis evaluation. - Update curriculum as needed.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
55.3 Each training program (that is, 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal Safety techniques; and 5) Crisis intervention & post crisis evaluation), will be evaluated at least annually and revised, if appropriate, to ensure adherence to evidence-based and best practices.	MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	5/11/2014 Update Training programs have been periodically revised and updated as appropriate. Plans for a schedule to evaluate each training program on an annual basis will be developed.	5/11/2014 Update Next Steps: Develop plan for annual evaluations of each training program.	5/11/2014 Update Incomplete
			7/15/14 Update Training curricula now comply with this Plan. A plan for annual evaluations of each training program is underway.	7/15/14 Update Next Steps: Continue implementing this Item.	7/15/2014 Update Incomplete
			9/15/2014 Update Annual review and revisions are underway for curricula. Some have already been reviewed, and the plan is to have reviewed them all by the Fall of 2014.	9/15/2014 Update Next Steps: - Continue the annual review and any needed revisions to curricula.	9/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
55.4 DHS will ensure training programs promote sensitivity awareness surrounding individuals with cognitive and mental health disabilities and how their developmental level, cultural/familial background, history of physical or sexual abuse and prior restraints may affect their reactions during behavioral emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	6/30/2014	5/11/2014 Update Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case.	5/11/2014 Update Next Steps : Continue implementing this Item.	5/11/2014 Update Incomplete
			7/15/2014 Update Dr. Steven Pratt, DHS' executive medical director for behavioral health, has been providing training to DC&T staff and others on Trauma Informed Care. Facility staff attended this training. Trauma-informed care includes policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that an individual receiving services has experienced trauma. (Exhibit 101 DHS Today 06182014 notice of Trauma-informed care training)	7/15/2014 Update Next Steps : Continue implementing. Dr. Pratt and Compliance Office staff will present a trauma-informed care training session Wednesday, July 9, 2014. This session is open to all DHS staff.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Dr. Pratt provided a trauma-informed care training session on July 9, 2014. He will be adding specific language from this EC to his trauma informed care training. That training will be recorded and close-captioned so that it will be enduring training material accessible by all staff.</p> <p>That training is available upon request from Dr. Pratt.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Follow up by JIO to make sure the updated training gets recorded, close-captioned, and made accessible to all staff.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>
55.5 DHS will ensure that training programs are designed to also develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	8/31/2014	<p>5/11/2014 Update</p> <p>Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case.</p>	<p>5/11/2014 Update</p> <p>Next Steps : Continue implementing this Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>DHS provides training programs that develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies.</p> <p>All staff that provide direct support take Module 2 of the EASE training program. This module includes information on trauma-informed care. Also, the 360° Safety Planning Framework is introduced in Module 2. Those that may use manual restraint also take Module 3, which uses this 360° review in more depth.</p> <p>(Exhibit 96 Course Description - Therapeutic Intervention Strategies (EASE))</p>	<p>7/15/2014 Update</p> <p>Next Steps :</p> <ul style="list-style-type: none"> - Provide an opportunity for all DHS staff to have training on Trauma-Informed Care. - Continue reviewing and updating training curricula as needed. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Dr. Steven Pratt provided a training session open to all DHS employees on Trauma Informed Care.</p> <p>He is adding this EC language to the training program, which will be recorded and close-captioned so that it will be enduring training material accessible by all staff.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Follow up to make sure the updated training is recorded, close-captioned, and made accessible to all staff.</p>	<p>9/15/2014 Update</p> <p>Complete</p>
<p>56. Facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).</p>	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>6/30/2014</p>	<p>5/11/2014 Update</p> <p>These number of hours of training have been the standard of practice. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker)</p>	<p>5/11/2014 Update</p> <p>Next Steps : Continue implementing this Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update As of 3/1/2014, 46 of 46 current staff had received EASE training. 46/46 staff received 8 hours of personal safety techniques training. 46/46 staff received 1 hour of medically monitoring restraint training. (Exhibit 100 Training Tracker)	7/15/2014 Update Next Steps: Assure staff receive the required training.	7/15/2014 Update Complete
			9/15/2014 Update Training includes 8 hours of Therapeutic Intervention, 8 hours of Personal Safety Techniques (total 16 hours of EASE) and 1 hour of medically Monitored Restraints on an annual basis to all employees with regular client contact. Curricula and training records are available from Mark Brostrom. (Exhibit 121 Training Tracker as of 08312014)	9/15/2014 Update Next Steps: - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training.	9/15/2014 Update Maintaining completion from 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
56.1 Competency-based training curriculum is developed which minimally provides 8 hours training in Therapeutic Interventions; Personal Safety Techniques and 1 hour in Medically Monitoring Restraints.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update These number of hours of training have been the standard of practice. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps : Continue implementing this Item.	5/11/2014 Update Incomplete
			7/15/2014 Update The training curricula is competency-based and minimally provides 8 hours training in therapeutic interventions, personal safety techniques, and 1 hour in medically monitoring restraints. (Exhibit 100 Training Tracker)	7/15/2014 Update Next Steps: Periodically update training curricula to incorporate best practices.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Training includes 8 hours of Therapeutic Intervention, 8 hours of Personal Safety Techniques (total 16 hours of EASE) and 1 hour of medically Monitored Restraints on an annual basis to all employees with regular client contact. Curricula and training records are available from Mark Brostrom.	9/15/2014 Update Next Steps: - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training.	9/15/2014 Update Maintaining completion from 6/30/2014
56.2 All current employees receive 8 hours of competency-based training on Therapeutic Interventions.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update These number of hours of training have been the standard of practice. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps : Continue implementing this Item.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>As of 3/1/2014, 46/46 current employees had received 8 hours of competency based training on Therapeutic Interventions. This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet.</p> <p>As of June 30, 2014, 39 of 46 current staff received the annual EASE retraining in June 2014.</p> <ul style="list-style-type: none"> - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. <p>(Exhibit 100 Training Tracker)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Ensure that all staff receive the required training.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Currently, 40/41 active employees (2 staff on extended leaves -total of 43 employees) continue to progress on annual EASE training requirements.</p> <ul style="list-style-type: none"> - 1/41 recently returned from a leave and has been scheduled to progress on with the annual EASE training. <p>The annual EASE requirements include 8 hours of competency -based Therapeutic Intervention and 8 hours of competency-based Personal Safety Techniques.</p> <p>Curricula and training records are available from Mark Brostrom.</p>	<p>9/15/2014 Update</p> <p>Obstacles: Some staff are on leave during the date(s) of training sessions, and make-up sessions need to be scheduled when they return from leave.</p> <p>Next Steps: - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
56.3 All current employees receive 8 hours of competency-based training on Personal Safety Techniques.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update This number of hours of personal safety techniques training has been the standard of practice. (Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A) (Exhibit 48 Description of Training Programs) (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps : Continue implementing this item.	5/11/2014 Update Incomplete
			7/15/2014 Update 46/46 of current employees have received 8 hours of competency based training on Personal Safety Techniques. This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet. (Exhibit 100 Training Tracker)	7/15/2014 Update Next Steps: Ensure that all staff receive the required training.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Currently, 40/41 active employees (2 staff on extended leaves -total of 43 employees) continue to progress on annual EASE training requirements.</p> <ul style="list-style-type: none"> - 1/41 recently returned from a leave and has been scheduled to progress on with the annual EASE training. <p>The annual EASE requirements include 8 hours of competency -based Therapeutic Intervention and 8 hours of competency-based Personal Safety Techniques.</p> <p>Curricula and training records are available from Mark Brostrom.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training. 	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>
56.4 All current employees receive 1 hour of competency-based training on Medically Monitoring restraints.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	<p>5/11/2014 Update</p> <p>These number of hours of training have been the standard of practice.</p> <p>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</p> <p>(Exhibit 48 Description of Training Programs)</p> <p>(Exhibit 49 MSHS-Cambridge Training Tracker)</p>	<p>5/11/2014 Update</p> <p>Next Steps :</p> <p>Continue implementing this Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>As of 3/1/2014, 46/46 current employees have received 1 hour of competency based training on Medically Monitoring Restraints.</p> <p>This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet.</p> <p>(Exhibit 100 Training Tracker)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Ensure that all staff receive the required training.</p>	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>As of 3/1/2014, 46/46 then employees had successfully completed competency based training on Medically Monitoring Restraints.</p> <p>As of 9/1/2014, 2/43 employees (43 includes 2 staff on extended leaves) have met this new annual training requirement. Medically Monitored Restraints training is currently being scheduled later this calendar year for all employees to meet the new annual requirement.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Continue to assure staff receive the required training. - Staff are aware of consequences if training is not completed.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
57. For each instance of restraint, all Facility staff involved in imposing restraint received all the training in Therapeutic Interventions, Personal Safety Techniques, Medically Monitoring Restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update Training records of staff are maintained by the Operations Manager. Staff currently providing direct care successfully completed the Attachment A training as approved by the Court and Court Monitor. Staff receive training on Attachment A of the JSA at hire and annually. (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps: Continue training programs and tracking staff attendance and completion of training programs.	5/11/2014 Update Incomplete
			7/15/2014 Update For this reporting period: All staff involved in imposing restraint have received 8 hours of Therapeutic Interventions, 8 hours of personal safety techniques, and 1 hour of medically monitoring restraint. (Exhibit 100 Training Tracker)	7/15/2014 Update Next Steps: Ensure that all staff receive the required training.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>For this reporting period: All staff who might be involved in imposing restraint have received 8 hours of Therapeutic Interventions, 8 hours of personal safety techniques, and 1 hour of medically monitoring restraint.</p> <p>During this reporting period there were zero instances of the use of manual restraints so there was no need for any additional staff training after the use of restraints.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue training programs and tracking staff attendance and completion of training programs.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion from 6/30/2014</p>
57.1 No staff member is permitted to be assigned to direct support services until having received all required orientation and/or annual inservice training on all elements of EC 56, above.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<p>5/11/2014 Update</p> <p>Training records of staff are maintained. Staff receive training on Attachment A of the JSA at hire and annually. Staff are not assigned to direct supports services until they have successfully completed required training.</p> <p>(Exhibit 49 MSHS-Cambridge Training Tracker)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue training programs and tracking staff attendance and completion of training programs.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Staff are not assigned to direct supports services until they have successfully completed the required training under EC56.</p> <p>9/15/2014 Update</p> <p>All current active employees (41/41) possess the required orientation training and are attaining the on-going annual training requirements.</p> <p>Documentation of curricula and training records is available from Mark Brostrom.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>Ensure that all staff receive the required training before being assigned to direct support services.</p> <p>9/15/2014 Update</p> <p>Next Steps:</p> <p>Continue to ensure that all staff receive the required training before being assigned to direct support services.</p>	<p>7/15/2014 Update</p> <p>Complete</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING					
58. Facility staff receive the specified number of hours of training: Person-centered planning and positive behavior supports (with at least sixteen (16) hours on person-centered thinking / planning): a total 40 hours; Post Crisis Evaluation and Assessment (4 hours).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update Staff receive the specified number of hours of training. The Operations Manager monitors the Training Tracker to ensure staff successfully complete necessary training before being put in work that requires that training. (Exhibit 49 MSHS-Cambridge Training Tracker)	5/11/2014 Update Next Steps: Continue training programs and tracking staff attendance and completion of training programs.	5/11/2014 Update Incomplete
			7/15/2014 Update 45/46 facility staff received a combined total of 40 hours of training for Person-centered planning and positive behavior supports training (with at least sixteen (16) hours on person-centered thinking / planning). One staff who did not take the training is considered an expert on PCP and PBS (see Exhibit 44). 46/46 facility staff have received Post Crisis Evaluation and Assessment (4 hours). (Exhibit 100 Training Tracker)	7/15/2014 Update Next Steps: Ensure that all staff receive the required training before being assigned to direct support services.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>All current active employees (41/41) have received the combined total of 40 hours of training for Person Centered Planning (PCP/PCT) and Positive Behavior Supports (PBS) with a minimum of 16 of the 40 hours emphasizing PCP/PCT.</p> <p>All 41/41 employees have received 4 hours of Crisis Evaluation and Assessment.</p> <p>The new annual training requirements for 2014 are in progress for all employees.</p> <p>Curricula and training records are available from Mark Brostrom.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure that all staff receive the required training before being assigned to direct support services. - JIO will continue to monitor training completion. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY					
59. Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. (Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)	5/11/2014 Update Next Steps: Continue implementation of and compliance with this EC.	5/11/2014 Update Complete
			7/15/14 Update This is Facility policy and practice. The IDT (which includes the individual) may have reason to determine a visit by one or more people, or at certain times, is contra-indicated. If there are any limits on visitors based on the IDT determination, that is noted in the resident's PCP and/or records.	7/15/14 Update Next Steps: Continue implementation of and compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013.

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/14 Update</p> <p>At MSHS-Cambridge, MnLB Stratton Lake, and East Central MSOCS, zero individuals have been determined by IDT teams to be contraindicated to visit. Friends and families can visit whenever they want. There have been zero visits not permitted to this date.</p> <p>If there were any restrictions in place, and any attempts were made for a non-permitted visit, that would be noted in the individual's daily notes. ☐</p>	<p>9/15/14 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue monitoring situations, and bring up any issues at IDT meetings. - Document outcome of those discussions in the individual's record. - As needed, enforce any limits on visits or visitors. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013.</p>
59.1 Facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other visitors if not contraindicated by court order or person-centered plans.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records.</p> <p>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue implementation of and compliance with this EC.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/14 Update</p> <p>This is Facility policy and practice. The IDT (which includes the individual) may have reason to determine a visit by one or more people, or at certain times, is contra-indicated. If there are any limits on visitors based on the IDT determination, that is noted in the resident's PCP and/or records.</p>	<p>7/15/14 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013.</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/14 Update</p> <p>This continues to be Facility policy and practice. Staff facilitate visits to and by the individuals as requested / required by the individual. Scheduled and unscheduled visits are allowed.</p> <p>If there are any limits on visitors based on the Interdisciplinary Team (IDT) determination or by Court Order, that is noted in the resident's PCP and/or records.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>	<p>9/15/14 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementation of and compliance with this EC. - Continue to facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other visitors - Continue to be aware of and comply with any limits on visits or visitors 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013.</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
60. Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	5/11/2014 Update Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. If there are any limits on visitors, that is noted in the resident's PCP. (Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)	5/11/2014 Update Next Steps: Continue implementation of and compliance with this EC.	5/11/2014 Update Complete
			7/15/14 Update Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. If there are any limits on visitors, that is noted in the resident's PCP.	7/15/14 Update Next Steps: Continue implementation of and compliance with this EC.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/14 Update Currently there are no limits on visitor access to living areas. If there would be any limits on visitors, that would be noted in the individual's PCP which is available at the residential setting.	9/15/14 Update Next Steps: - Continue implementation of and compliance with this EC.	9/15/2014 Update Maintaining completion achieved 12/31/2013.

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
60. 1 Facilitate all visitors access to the individual's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, with attention paid to the right of individual privacy and person-centered plans or court requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p> <p>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>5/11/2014 Update</p> <p>Complete</p>
			<p>7/15/14 Update</p> <p>This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p>	<p>7/15/14 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>This continues to be Facility policy and practice. If there are limits on privacy during visits, that is noted in the person's PCP. This subject can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p> <p>Documentation is stored in the individual PCPs, at the residential settings.</p>	<p>9/15/14 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013.</p>
61.1 Provide privacy, if desired by the individual, for all individuals when visiting with immediate family members and/or guardians, unless the person-centered plans reasonably determines this is contraindicated or visitation rules are court ordered.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<p>5/11/2014 Update</p> <p>Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. Privacy is provided as the individual desires, and in accordance with the PCP. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p> <p>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/14 Update</p> <p>Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. Privacy is provided as the individual desires, and in accordance with the PCP. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p>	<p>7/15/14 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>This continues to be Facility policy and practice. If there are limits on privacy during visits, that would be noted in the person's PCP. This subject can be and is discussed at resident house meetings if there are any questions, concerns, or issues.</p> <p>Documentation is stored in the individual PCPs, at the residential settings.</p>	<p>9/15/14 Update</p> <p>Next Steps: Continue implementation of and compliance with this EC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013.</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY					
62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	5/11/2014 Update There has not been and will not be marketing, recruitment of clients, or publicity targeted to prospective residents of MSHS-Cambridge. With the opening of Stratton Lakes, admissions to MSHS-C are closed. The Department disseminated Bulletin # 14--76-01 in an effort to comply with Action Item 63.1. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Admissions to MSHS-Cambridge are closed.</p> <p>There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge.</p> <p>The Facility's purpose is clearly stated in Bulletin 14-76-01. This Bulletin was prepared and provided in accordance with EC 63. The Department does not consider its intent and actions to comply with EC 63 to be marketing.</p> <p>All Admissions are consistent with the requirements of the Bulletin.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved April 30, 2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Admissions to MSHS-Cambridge are closed. The MSHS-Cambridge program is closed.</p> <p>There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge, MnLB, or ECMSOCS.</p> <p>There is sharing of information with lead agencies, individuals, their family or legal representatives on eligibility criteria and MnLB services. The Department does not consider this to be marketing, recruitment, or publicity.</p> <p>The first step of MnLB interaction is triage - determining whether MnLB, CSS, DSD, or some other entity is the appropriate entity to address the immediate needs. Next, the main goal of MnLB is diversion - getting needed services to the individual where they are residing, including training for their caregivers and staff as needed, so the individual does not have to leave their residence.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to ensure compliance with the prohibition on marketing, recruitment, or publicity regarding services at MnLB and ECMSOCS. - Continue to consider and/or provide diversion actions for individuals prior to considering admitting them to a MnLB community house. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>63. The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>4/30/2014</p>	<p>5/11/2014 Update</p> <p>DHS Bulletin # 14-76-01 was written and issued to address the requirements of this EC. The Court Monitor provided final edits to the Bulletin on 4/29/2014, and the Bulletin was issued and distributed to meet the deadline of 4/30/2014, to state court judges, county directors, social service supervisors and staff, county attorneys, consumers, families, and legal representatives of consumers of Developmental Disabilities services. It is common practice for DHS and divisions within DHS to a new bulletin upon its issuance to interested parties who have an interest in notification. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update DHS Bulletins are stored on the DHS public website at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Bulletins_2014	7/15/2014 Update Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update DHS Bulletin 14-76-01 continues to be available online at the DHS public website.	9/15/2014 Update Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
63.1 Clearly state the Facility's purpose in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / Deputy Commissioner (Anne Barry)	4/30/2014	<p>5/11/2014 Update</p> <p>DHS Bulletin # 14-76-01 was written and issued to address the requirements of this EC. The Court Monitor provided final edits to the Bulletin on 4/29/2014, and the Bulletin was issued and distributed to meet the deadline of 4/30/2014, to state court judges, county directors, social service supervisors and staff, county attorneys, consumers, families, and legal representatives of consumers of Developmental Disabilities services. It is common practice for DHS and divisions within DHS to a new bulletin upon its issuance to interested parties who have an interest in notification.</p> <p>(Exhibit 40 DHS Today Bulletin Announcement)</p> <p>(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</p> <p>(Exhibit 64 April 30 2014 Bulletin Memo for consumers, families, legal reps)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Admissions to MSHS-Cambridge are closed.</p> <p>There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge.</p> <p>The Facility's purpose is clearly stated in Bulletin 14-76-01. This Bulletin was prepared and provided in accordance with EC 63. The Department does not consider its intent and actions to comply with EC 63 to be marketing.</p> <p>All Admissions to the MnLB program are consistent with the requirements of the Bulletin.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved April 30, 2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>DHS Bulletin 14-76-01 continues to be available online at the DHS public website.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan. - As new staff are hired for MN Life Bridge and ECMSOCS, they are made aware of the Bulletins and other public notifications regarding the JSA, MSHS-Cambridge closure and MnLB program. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
64. The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	5/11/2014 Update The mission statement for Minnesota Life Bridge is “Successful Transition to a Successful Life”. Information about the Facility is included in DHS Bulletin # 14-76-01. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	5/11/2014 Update Next Steps: Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update The mission statement for Minnesota Life Bridge continues to be “Successful Transition to a Successful Life”.	7/15/2014 Update Next Steps: Continue to ensure compliance with this EC.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The mission statement for Minnesota Life Bridge continues to be “Successful Transition to a Successful Life”. The working title for the responsibilities in EC98 regarding therapeutic follow up is "Successful Life Project", which continues the theme of providing opportunities and supporting individuals' success in creating and living their life.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Continue to promote and live the mission statement for Mn Life Bridge.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS					
65. The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	5/11/2014 Update There are three versions of the Resident Rights notice posted at MSHS-Cambridge, Stratton Lakes, and Broberg Lake. These are the MN Department of Health Patient/Resident Bill of Rights (as required by the MDH license), the DHS 245D resident rights notice (as required by the DHS Chapter 245D license), and a pictorial version (reviewed and updated by MSHS-C in late 2013) to provide the information is a way easier to understand for people with limited reading skills. All three versions are included in admission packets. (Exhibit 52 MN Department of Health Health Care Bill of Rights) (Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights) (Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)	5/11/2014 Update Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>We continue to post in accordance with this EC.</p> <p>The 2014 Minnesota Legislature made changes to client rights language in Minnesota Statutes Chapter 245D. We are reviewing and implementing changes.</p> <p>(Exhibit 102 Excerpts from Laws of MN 2014 Chapter 312)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Revise procedures and forms as necessary.</p> <p>Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>
			<p>9/15/2014 Update</p> <p>We continue to post in all residential settings and provide the Rights notices in accordance with this EC.</p> <p>We are aware of the edits needed based on the 2014 legislative changes, which must be completed by 1/1/2015, and will be working on those in the next few months. Copies are available from Tiffany Byers-Draeger upon request.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	5/11/2014 Update All three versions of the Rights Notices are included in admission packets and posted in the homes. (Exhibit 52 MN Department of Health Health Care Bill of Rights) (Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights) (Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)	5/11/2014 Update Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	5/11/2014 Update Complete
			7/15/2014 Update We continue to post in accordance with this EC. The 2014 Minnesota Legislature made changes to client rights language in Minnesota Statutes, Chapter 245D. We are reviewing and implementing changes. (Exhibit 102 Excerpts from Laws of MN 2014 Chapter 312)	7/15/2014 Update Next Steps: Revise procedures and forms as necessary. Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>We continue to post in all residential settings and provide the Rights notices in accordance with this EC. There are three versions of the Rights Notice. One contains the MDH Health Care Bill of Rights (statute language). Another version contains the DHS Service Recipient Rights). The third version includes pictures and simpler text. It is at the Flesch-Kincaid Grade level 5.0.</p> <p>Edits to the notices due to 2014 legislative changes, which must be completed by 1/1/2015, will be made in the next few months. Copies of notices are available from Tiffany Byers-Draeger.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding the form, content, and readability of the Resident Rights notices.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
66.1 Apart from any Patient/Resident Rights or Bill of Rights format which may be required by state law, an alternative version at an appropriate reading level for residents, and with clearly understandable content, will be posted and provided to individuals, parents and guardians on admission, reviewed at IDT meetings, and annually thereafter.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	<p>5/11/2014 Update</p> <p>All three versions of the Rights Notices are included in admission packets and posted in the Facilities. They are reviewed at IDT meetings and annually thereafter.</p> <p>(Exhibit 52 MN Department of Health Health Care Bill of Rights) (Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights) (Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)</p> <p>7/15/2014 Update</p> <p>The three versions of the Rights Notices are included in admission packets for MN Life Bridge and are posted in the Facilities. They are reviewed with clients and others at IDT meetings and annually thereafter.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.</p> <p>7/15/2014 Update</p> <p>Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>There are three versions of the Rights Notice. One contains the MDH Health Care Bill of Rights (statute language). Another version contains the DHS Service Recipient Rights). The third version includes pictures and simpler text. It is at the Flesch-Kincaid Grade level 5.0.</p> <p>Edits to the notices due to 2014 legislative changes, which must be completed by 1/1/2015, will be made in the next few months. Copies of notices are available from Tiffany Byers-Draeger.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding the form, content, and readability of the Resident Rights notices.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES					
67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999). <hr/>	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update CSS is providing assessment, triage, and care coordination to assure people receive the right care at the right time in the right place, in the most integrated setting that meets that person's needs. CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. CSS anticipates hiring for the Director position by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. (Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes) (Exhibit 56 CSS Organizational Chart) (Exhibit 57 Descriptions of CSS and MSOCS)	5/11/2014 Update Next Steps: Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The new administrative assistant began work 5/21/2014.</p> <p>Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014.</p> <p>The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to provide assessment, triage, and care coordination.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." Thirteen (13) of 13 Case Managers replied "Yes" to the statements, "CSS responded in a timely manner" and "The recommendations by CSS were client-specific and tailored to the setting."</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to provide assessment, triage, and care coordination to assure persons with DD receive services they need. - Continue to collaborate with MnLB and DSD to triage referrals and questions to the appropriate entity for a timely, effective, and efficient response. 	<p>9/15/2014 Update</p> <p>Incomplete</p>
67.1 Community Support Services (CSS) provides assessment, triage, and care coordination so that persons with developmental disabilities can receive the appropriate level of care in the most integrated setting.	Director of Community Support Services (Steve Dahl)	10/31/2014	<p>5/11/2014 Update</p> <p>The Action Item describes what CSS does.</p> <p>(Exhibit 57 Descriptions of CSS and MSOCS)</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>CSS continues to provide assessment, triage, and care coordination.</p> <p>9/15/2014 Update</p> <p>During this reporting period, CSS provided services to 415 individuals and their support networks statewide. That number includes the 67 people receiving long-term monitoring.</p> <p>Documentation of individuals and providers served, and of services / training provided is available from Steve Dahl of CSS.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue providing assessment, triage, and care coordination.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue providing assessment, triage, and care coordination so people can receive the appropriate level of care in the most integrated setting that they agree to.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Incomplete</p>
67.2 Collect and manage data to track CSS interventions noted in 67.1 and their outcomes.	Director of Community Support Services (Steve Dahl)	10/31/2014	<p>5/11/2014 Update</p> <p>Data is already being collected, but not necessarily all in the same database. A database and workflow will be developed to efficiently capture, report, and review this data.</p> <p>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</p>	<p>5/11/2014 Update</p> <p>Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>A Workgroup has been created, and the first meeting will be held in July.</p> <p>9/15/2014 Update</p> <p>CSS continues to collect data on referrals, requests, services provided, and outcomes.</p> <p>The workgroup will map the workflow and establish parameters for a database that includes information from sources in addition to CSS. The first meeting of the workgroup was 8/26/14.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Determine which staff will be assigned which responsibilities.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Have the workgroup map the workflow and establish database parameters. - Determine which staff will be assigned which responsibilities. - Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.3 Provide necessary administrative/management support within CSS to accomplish data management and analysis.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling the position by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. (Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes) (Exhibit 56 CSS Organizational Chart) (Exhibit 58 Posting for Permanent CSS Program Director)	5/11/2014 Update Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.) Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The new administrative assistant began work 5/21/2014.</p> <p>Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014.</p> <p>The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to provide assessment, triage, and care coordination.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>With the filling of the administrative assistant, Director, and Regional Manager positions, efforts are made to support the workgroup developing the CSS workflow and database parameters, and existing data sources can be used to analyze data.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Involve Regional Managers and administrative support staff in design of data collection and analysis tools and processes. Delineate roles and responsibilities for data analysis and reporting.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.4 Focus weekly "diversion" meetings to include person-centered development strategies rather than considering only existing vacancies and challenges. From this perspective: 1) Review any proposed admissions to more restrictive settings and consider all possible diversion strategies; 2) Review status of transition planning for all living at the Facility, 3) Add active, individualized planning / development focus to these transition discussions which is consistent with the <i>Olmstead</i> Plan and includes such activities as developing a person-centered request for proposals for any person or persons at the Facility without an identified and appropriate targeted home in the community.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update Implementation of this Action Item is in progress and is current practice. These meetings have been beneficial to all entities involved, and will be continued. With the creation of the Community Capacity Building Team, that team is invited to participate in these weekly meetings. (Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)	5/11/2014 Update Next Steps: Continue implementation of and compliance with this Action Item. Continue having weekly meetings, and continue to focus meetings as described.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The weekly diversion meetings continue to take place.</p> <p>The format of the meeting notes has been changed to more clearly document information relevant to proposed admissions to more restrictive settings, status of transition planning for people at the Facility, and includes active, individualized planning and development information for the individuals under discussion.</p> <p>(Exhibit 104 Diversion Meeting Notes 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementation of and compliance with this Action Item. Continue having weekly meetings, and continue to focus meetings as described.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The weekly diversion meetings continue to take place.</p> <p>The format of the meeting notes has been changed to more clearly document information relevant to proposed admissions to more restrictive settings, status of transition planning for people at the Facility, and includes active, individualized planning and development information for the individuals under discussion.</p> <p>Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the Jensen Implementation Office.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementation of and compliance with this Action Item. - Continue having weekly meetings, and continue to focus meetings as described. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.5 Weekly diversion meetings consider all individuals in danger of losing their living situation with an emphasis upon development of integrated alternatives where none are available.	Director of Community Support Services (Steve Dahl) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update These meetings focus on all individuals known to be in danger of losing their living situation and on referrals made to MSHS-C, CSS, MSOCS East Central, Stratton Lakes, and Broberg Lakes. (Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)	5/11/2014 Update Next steps: Continue to focus weekly diversion meetings to emphasize development of integrated alternatives.	5/11/2014 Update Incomplete
			7/15/2014 Update These meetings continue to focus on all individual known to DHS to be in danger of losing their living situations and on referrals made to MnLB, CSS, and MSOCS East Central. Diversion meeting notes are routinely sent to the Court Monitor and the Parties. The format of the meeting notes has been revised to incorporate JSA CPA requirements. (Exhibit 104 Diversion Meeting Notes 06302014)	7/15/2014 Update Next steps: Continue to focus weekly diversion meetings to emphasize development of integrated alternatives.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The weekly diversion meetings continue to consider all individuals known to DHS to be in danger of losing their living situation or who have lost their living situation, and on referrals made to MnLB, CSS, and East Central MSOCS. One of the areas emphasized is development of integrated alternatives where none are available.</p> <p>A request was made in July to add the date of the individual's original referral to Mn Life Bridge to the Diversion meeting notes. A field has been added for that information, and those dates are added going forward as individuals referred to Mn Life Bridge are added to the list (or as someone on the list gets referred to Mn Life Bridge).</p> <p>Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the Jensen Implementation Office.</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to focus weekly diversion meetings to emphasize development of integrated alternatives. - Continue to document meeting notes and share with the Court Monitor, Plaintiffs' Counsel, OMHDD, and GCDD as they wish. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.6 CSS has additional administrative / managerial support to insure documentation and analysis of all diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update CSS has hired an additional administrative assistant, scheduled to start 5/21/14. We anticipate filling the CSS Program Director position by 6/1/2014, and the new Regional Manager positions by 8/31/14. (Exhibit 58 Posting for Permanent CSS Program Director)	5/11/2014 Update Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.) Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	5/11/2014 Update Incomplete
			7/15/2014 Update The new administrative assistant began work 5/21/2014. Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014. The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014. (Exhibit 103 CSS Organization Chart 07022014)	7/15/2014 Update Next Steps: Continue to provide assessment, triage, and care coordination.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Documentation of the weekly Diversion meetings has been a shared responsibility among meeting attendees, and most often has been done by MnLB staff.</p> <p>CSS maintains documentation on their diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health. That is available from Steve Dahl in CSS.</p> <p>Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting."</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to focus weekly diversion meetings to emphasize development of integrated alternatives. - Continue to document meeting notes and share with the Court Monitor, Plaintiffs' Counsel, OMHDD, and GCDD as they wish. - CSS will continue to document their actions and efforts, and the impact on individuals' stability. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.7 CSS provides continuous and on-going diversion from institutionalization and placement in less integrated settings whenever possible by establishing procedures for assessment, care planning, and providing additional services, supports and expertise for individuals in jeopardy of losing their placements or living situations due to behavioral or mental health problems.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update This is a description of what CSS offers. (Exhibit 57 Descriptions of CSS and MSOCS)	5/11/2014 Update Next steps: Continue to provide diversion and support in most integrated setting safely possible.	5/11/2014 Update Incomplete
			7/15/2014 Update This continues to be a description of what CSS offers.	7/15/2014 Update Next steps: Continue to provide diversion and support in the most integrated setting safely possible.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." Documentation of services available and those provided is available from Steve Dahl of CSS.	9/15/2014 Update Next steps: CSS all-staff focus groups are being held on September 11, 2014, to review and make revisions to procedures for assessment, service planning, and interventions. Those procedures will be finalized at a CSS leadership meeting on September 30, 2014.	9/15/2014 Update Incomplete
67.8 The Department will collect and review data relative to admissions and transitions. This shall include, but not be limited to: 1) individual's name, date of birth and county of origin; 2) current residence, provider and type of residential setting, e.g., independent living, family of origin, group home, ICF/ID, etc.; 3) date the individual moved to or was admitted to current residence; 4) previous residences, providers and residential settings; 5) dates of previous admissions and transitions including reason(s) for moves.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update Data is already collected for many of the items listed, but not necessarily electronically in the same location. We will be developing a database and workflow to efficiently capture, report, and review this data.	5/11/2014 Update Obstacles: Need to hire additional administrative support (see 67.2 and 67.3). Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Most of the information is included in the referral form, but not all information on that form has been stored electronically.</p> <p>For item 5, the electronic tracking system does not incorporate placement history, so that data must be recorded manually.</p> <p>The data elements can be found in the CSS tracking system and the lead agency records but those systems are independent of each other.</p> <p>The workgroup has been established and will begin meeting in July 2014.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <p>We need to develop a method to be able to effectively and efficiently report on the data elements.</p> <p>Set up and hold workgroup meetings to map the workflow and develop database parameters.</p> <p>Work with Management Analyst to develop database.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>CSS continues to collect data on referrals, requests, services provided, and outcomes.</p> <p>The workgroup will map the workflow and establish parameters for a database that includes information from sources in addition to CSS. The first meeting of the workgroup was 8/26/14.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting. - Determine which staff will be assigned which responsibilities. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
68. The Department identifies, and provides long term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.	Deputy Commissioner (Anne Barry)	10/31/2014	5/11/2014 Update DHS Community Support Services offers long term monitoring services to people that CSS has served and who have chosen that long term monitoring. The Department is developing plans and position descriptions to create a new unit to provide monitoring of individuals and support to case managers to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.	5/11/2014 Update Next Steps: Continue implementing this EC. MN Life Bridge administrators are creating position descriptions for the therapeutic follow-up team. It is expected that posting of positions can begin in July 2014, when the FY2015 state budget goes into effect.	5/1/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>DHS Community Support Services (CSS) continues to offer long term monitoring services to people that CSS has served and who have chosen that long term monitoring.</p> <p>MN Life Bridge is creating the Therapeutic Follow-up Team, as described in EC 98. Position descriptions are being created and positions posted. The role of the Therapeutic Follow-up Team is to meet with the Class member, case manager, Disability Services Division (DSD), and/or CSS as needed to determine if the person is living in the most integrated setting, a Functional Behavioral Analysis is in place and followed, and person-centered planning is in place and followed.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue implementing this EC. - Complete the posting and hiring process for the new positions. - Continue to work in collaboration with the DSD Community Capacity Building team, and with CSS. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>The DHS Disability Services Division (DSD) has the Community Capacity Building (CCB) Team. The CCB Team's role is to identify gaps in services responding to people who are not yet in crisis and to identify the barriers to availability of services.</p> <p>(Exhibit 105 Position Posting for Behavior Analyst 3) (Exhibit 106 Position Description - Registered Nurse Senior)</p>		

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update	9/15/2014 Update	9/15/2014 Update
			<p>CSS identifies and offers a voluntary long term monitoring program to individuals with clinical and situational complexities. CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>CSS maintains a list of people they have served or are serving, and are available to individuals and providers as needed for consultation and technical assistance. The list is available from Steve Dahl of CSS.</p> <p>CSS, MnLB, CCB, and the Regional Resource Specialists (RRSs) continue to work in collaboration to help avert crises, provide strategies to meet changing service needs, and to prevent multiple transfers. They triage calls / contacts, and get the correct area(s) involved in the situation.</p>	<p>Next Steps:</p> <ul style="list-style-type: none">- Continue offering and providing long-term monitoring to identified individuals- Continue collaboration with CSS, MnLB, CCB, and the Regional Resource Specialists (RRSs)	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>The multi-division Diversion meeting participants maintain a list of people they have been informed about or who have been referred to MN Life Bridge who are experiencing situations where additional services or a temporary setting will be beneficial.</p> <p>Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the MN Life Bridge office or the Jensen Implementation Office.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
68.1 For DHS-operated services, the Department will maintain State and regional quality assurance committees to review data on a monthly basis. This review will include: 1) identifying individuals at heightened risk and determining intervention strategies; 2) reviewing data by county, region and provider to determine if trends or patterns exist and necessary corrective measures; and 3) maintaining meeting minutes detailing attendance (person/title), chairperson, individual and aggregate data review, issues and trends identified (individual and systemic), corrective measures to be taken, dates by which such corrective measures are to be completed, responsible parties, and follow-up of the previous months' action plans.	Deputy Commissioner (Anne Barry)	10/31/2014	5/11/2014 Update DHS is considering collaborating with existing quality assurance committees and processes to avoid duplication and increase opportunities for data analysis.	5/11/2014 Update Next Steps: Determine and implement process(es) to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve processes and efforts to support individuals.	5/11/2014 Update Incomplete
			7/15/2014 Update There needs to be further discussion on the availability of this data, and whether the state Quality Council (or a subgroup) would work with us while we continue to seek funding for the Council and regional councils.	7/15/2014 Update Next Steps: Continue to determine and implement process(es) to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve processes and efforts to support individuals.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The State Quality Council would need more information to be able to commit a workgroup and volunteer participation. A specific request would need to be brought to the SQC. At this time the SQC could provide state review, but would not be able to complete regional council activities.</p> <p>The Interim Review Panel has been established to review requests from 245D providers to use prohibited procedures with persons who exhibit self-injurious behavior after a PSTP expires. The panel's duties were created in M.S. 245.8251 and 245D.06, subdivision 8. The panel will only be providing a recommendation to the commissioner to either approve or deny these requests.</p> <p>The Interim Review Panel had its first meeting in August, and will meet to review requests at least monthly. Information will be sent out to providers so they know how to apply for PSTP continuance, if needed. Dr. Shannon Torborg in the Jensen Implementation Office is one of the Panelists.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Discuss with DC&T whether they could provide data on a monthly basis, and then see if the SQC could review the data. - Continue to determine and implement process(es) to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve processes and efforts to support individuals. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
68.2 The Department will maintain an electronic data collection system which tracks the status of all corrective action plans generated by State and regional quality assurance committees, following up with the appropriate provider or county to ensure task completion.	Deputy Commissioner (Anne Barry)	10/31/2014	<p>5/11/2014 Update</p> <p>There have been discussions on whether there is any existing data collection system that can be useful in implementing this EC, or whether one needs to be created.</p> <p>DHS Licensing maintains an online database of all licensing correction orders; it can be found at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_054422#.</p>	<p>5/11/2014 Update</p> <p>Obstacles: There are different systems in place that include different data fields.</p> <p>Next Steps: Continue implementing this EC. Research the existing data collection systems to determine appropriateness and applicability, or to determine it is necessary to create a new data collection system.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>
			<p>7/15/2014 Update</p> <p>We are continuing to discuss partnering with the State Quality Council who recently identified indicators to be used to evaluate quality. ☐</p>	<p>7/15/2014 Update</p> <p>Next Steps: - Continue discussions with the State Quality Council to implement this EC. - Continue research on the existing and planned data collection systems.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The State Quality Council would need more information to be able to commit a workgroup and volunteer participation. A specific request would need to be brought to the SQC. At this time the SQC could provide state review, but would not be able to complete regional council activities.</p> <p>The Interim Review Panel has been established to review requests from 245D providers to use prohibited procedures with persons who exhibit self-injurious behavior after a PSTP expires. The panel's duties were created in M.S. 245.8251 and 245D.06, subdivision 8. The panel will only be providing a recommendation to the commissioner to either approve or deny these requests.</p> <p>The Interim Review Panel had its first meeting in August, and will meet to review requests at least monthly. Information will be sent out to providers so they know how to apply for PSTP continuance, if needed.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Discuss with DC&T whether they could provide data on a monthly basis, and then use SQC to review. - Continue to determine and implement process(es) to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve processes and efforts to support individuals. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
69. Approximately seventy five (75) individuals are targeted for long term monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	5/11/2014 Update CSS is currently providing long-term monitoring to 43 individuals with DD. Initial eligibility criteria used were narrower to ensure focus on those who would benefit most from long-term monitoring. Participation in the long-term monitoring has been voluntary.	5/11/2014 Update Next steps: Redefining broader eligibility criteria and reviewing all current CSS cases serving individuals with DD to screen for appropriateness for long-term monitoring.	5/11/2014 Update Incomplete
			7/15/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 66 individuals with developmental disabilities. The eligibility criteria have been updated so more people are eligible to be served through this program. It remains a voluntary program. People can choose to participate or end participation. (Exhibit 107 CSS Extended Supports Roster 06302014)	7/15/2014 Update Next Steps: Continue to identify individuals who would benefit from long-term monitoring.	7/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>Long term monitoring through CSS remains a voluntary program. People can choose to participate or end participation. Documentation on clients served or services / training provided is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to identify individuals who would benefit from long-term monitoring. - Continue long term monitoring program. - Continue documenting information on individuals supported and on services and trainings provided by CSS. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
69.1 CSS will identify individuals with clinical and situational complexities who have been served by CSS and who would likely benefit from more intensive monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	<p>5/11/2014 Update</p> <p>CSS is currently providing long-term monitoring to 43 individuals with DD. CSS can review records of individuals that have been served by CSS and other individuals who would likely benefit from more intensive monitoring. One potential source of individuals is the people discussed at the weekly Admissions and Diversions meetings.</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue implementing this Action Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>CSS is currently providing long-term monitoring to 66 individuals with developmental disabilities.</p> <p>The eligibility criteria have been updated so more people are eligible to be served through this program.</p> <p>It remains a voluntary program. People can choose to participate or end participation.</p> <p>(Exhibit 107 CSS Extended Supports Roster 07022014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementing this Action Item.</p>	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>It remains a voluntary program. People can choose to participate or end participation. Documentation on clients served or services / training provided is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to identify individuals who would benefit from long-term monitoring. - Continue long term monitoring program. - Continue documenting information on clients served and on services and trainings provided by CSS. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
69.2 Seventy five individuals who are significantly at-risk for institutionalization or loss of home due to behavioral or other challenges will be identified for intensive monitoring and, if needed, intervention with additional supports and services.	Director of Community Support Services (Steve Dahl)	6/30/2014	<p>5/11/2014 Update</p> <p>CSS is currently providing long-term monitoring to 43 individuals with DD. ☐</p> <p>7/15/2014 Update</p> <p>CSS is currently providing long-term monitoring to 66 individuals with developmental disabilities.</p> <p>The eligibility criteria have been updated so more people are eligible to be served through this program.</p> <p>It remains a voluntary program. People can choose to participate or end participation.</p> <p>(Exhibit 107 CSS Extended Supports Roster 06302014)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementing this Action Item.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue implementing this Action Item.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>It remains a voluntary program. People can choose to participate or end participation. Documentation on clients served or services / training provided is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to identify individuals who would benefit from long-term monitoring. - Continue long term monitoring program. - Continue documenting information on clients served and on services and trainings provided by CSS. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
69.3 These 75 individuals will be identified by CSS in collaboration with lead agency case managers based upon frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement. The status of these individuals will be reviewed at least semi-annually by CSS.	Director of Community Support Services (Steve Dahl)	6/30/2014	<p>5/11/2014 Update</p> <p>CSS is currently providing long-term monitoring to 43 individuals with DD. Current practices for identifying people who may benefit from long term monitoring are being reviewed and will be revised as needed to comply with this Plan.</p>	<p>5/11/2014 Update</p> <p>Next Steps:</p> <p>Continue implementing this Action Item.</p> <p>Review current practices for compliance with this Plan; revise as needed.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>CSS is currently providing long-term monitoring to 66 individuals with developmental disabilities.</p> <p>The eligibility criteria have been updated so more people are eligible to be served through this program.</p> <p>It remains a voluntary program. People can choose to participate or end participation.</p> <p>The status of eligible individuals is reviewed at least semi-annually.</p> <p>(Exhibit 107 CSS Extended Supports Roster 06302014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue implementing this Action Item.</p>	<p>7/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities.</p> <p>It remains a voluntary program. People can choose to participate or end participation. Documentation on clients served or services / training provided is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to identify individuals who would benefit from long-term monitoring. - Continue long term monitoring program. - Continue documenting information on clients served and on services and trainings provided by CSS. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>
70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Director of Community Support Services (Steve Dahl)	10/31/2014	<p>5/11/2014 Update</p> <p>CSS has response teams located throughout the state. There are 9 teams that have been established in 23 locations throughout the state to serve clients locally with the ability to use statewide CSS resources.</p> <p>CSS provides services statewide where they are needed, including: individual homes, group living settings, hospitals and long term care facilities, work sites and schools, and DHS facilities.</p> <p>(Exhibit 59 CSS Office Locations Listing April 2014)</p>	<p>5/11/2014 Update</p> <p>Next steps:</p> <p>Maintain locations of teams/staff to provide effective supports.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update CSS continues to maintain the stated locations. CSS continues to provide services statewide, where they are needed.	7/15/2014 Update Next steps: Maintain locations of teams/staff to provide effective supports.	7/15/2014 Update Incomplete
			9/15/2014 Update CSS continues to maintain the stated locations. CSS continues to provide services statewide, where they are needed.	9/15/2014 Update Next steps: Maintain locations of teams/staff to provide effective supports.	9/15/2014 Update Incomplete
			Documentation on clients and services is available from Steve Dahl in CSS.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
70.1 Describe locations of the 9 teams that have been established in 23 locations throughout the state.	Director of Community Support Services (Steve Dahl)	4/30/2014	5/11/2014 Update Having teams located around the state allows for a quick response time for initial visits and crisis situations, and allows for responses in the local settings (home, work, school, etc.). Eight of the 23 locations for a regional or home office are located in the greater Twin Cities metropolitan area. Fifteen of the 23 locations are located in what is often termed "outstate" or "greater" Minnesota. The outstate locations are generally located in towns or cities that are regional hubs that provide access to less populated areas of the state. (Exhibit 59 CSS Office Locations Listing April 2014)	5/11/2014 Update Next steps: Maintain locations of teams/staff to provide effective supports.	5/11/2014 Update Complete
			7/15/2014 Update The description of the team locations remains the same.	7/15/2014 Update Next Steps: Continue to maintain locations of teams / staff to provide effective supports.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The description of the team locations remains the same. Documentation is available from Steve Dahl in CSS.	9/15/2014 Update Next Steps: Continue to maintain locations of teams / staff to provide effective supports.	9/15/2014 Update Maintaining completion achieved 4/30/2014
70.2 Provide CSS with administrative / managerial support for the 9 teams to insure sufficient data collection and central data management	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling it by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. (Exhibit 58 Posting for Permanent CSS Program Director)	5/11/2014 Update Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.) Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The new administrative assistant began work 5/21/2014.</p> <p>Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014.</p> <p>The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to provide assessment, triage, and care coordination.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>As staff are hired and trained, determination and assignment of tasks for data collection, analysis, data management, and reporting is happening.</p> <p>Documentation of hiring and of staff records is available from Steve Dahl in CSS, or from DHS Human Resources.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Continue to provide assessment, triage, and care coordination. -Staff will know who is responsible for each part of data collection, management, analysis, and reporting.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status									
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update We will continue to regularly review and document satisfaction surveys received. There were no concerns needing follow-up in those surveys reviewed since the last report on responses (4/11/14).	5/11/2014 Update Next steps: Continue reviewing and documenting survey responses regularly and respond to concerns as appropriate; document responses on Stakeholder Concern Response Log.	5/11/2014 Update Incomplete									
			7/15/2014 Update We review and document responses from individual satisfaction surveys. CSS closed 14 cases during this reporting period, so surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate), and to the case manager. No issues were reported to be addressed. <table><tr><td>Type</td><td># Sent</td><td># Received</td></tr><tr><td>Client</td><td>8</td><td>4</td></tr><tr><td>Legal Rep</td><td>6</td><td>3</td></tr><tr><td>Case Manager</td><td>14</td><td>8</td></tr></table>	Type	# Sent	# Received	Client	8	4	Legal Rep	6	3	Case Manager	14
Type	# Sent	# Received												
Client	8	4												
Legal Rep	6	3												
Case Manager	14	8												

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status												
			<p>9/15/2014 Update</p> <p>We review and document responses from individual satisfaction surveys.</p> <p>CSS closed 27 cases during this reporting period (July 1-Aug. 22, 2014). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager.</p> <p>There were no specific issues identified to be addressed in the surveys that CSS received.</p> <table><tr><td>Type</td><td># Sent</td><td># Received</td></tr><tr><td>Client</td><td>27</td><td>2</td></tr><tr><td>Legal Rep</td><td>10</td><td>0</td></tr><tr><td>Case Manager</td><td>27</td><td>10</td></tr></table>	Type	# Sent	# Received	Client	27	2	Legal Rep	10	0	Case Manager	27	10	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none">- Continue reviewing and documenting survey responses regularly and respond to concerns as appropriate.- Document responses on Stakeholder Concern Response Log.	<p>9/15/2014 Update</p> <p>Incomplete</p>
Type	# Sent	# Received															
Client	27	2															
Legal Rep	10	0															
Case Manager	27	10															
71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	Director of Community Support Services (Steve Dahl)	12/31/2013	<p>5/11/2014 Update</p> <p>It is current practice to arrange a crisis intervention within three hours from the time the service request is authorized.</p>	<p>5/11/2014 Update</p> <p>Next steps:</p> <p>Continue to arrange as described.</p>	<p>5/11/2014 Update</p> <p>Complete</p>												

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update This remains current practice. 100% of the time, a crisis intervention was arranged within 3 hours from the time the parent or legal guardian authorized CSS involvement.	7/15/2014 Update Next Steps: Consider modifying the referral form to document the timing.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update This remains current practice. 100% of the time, a crisis intervention was arranged within 3 hours from the time the parent or legal guardian authorized CSS involvement. In the 13 County Case Manager Satisfaction Surveys received this reporting period, all 13 Case Managers replied "Yes" to the statement, "CSS responded in a timely manner." The referral form has been updated to include documentation of timing.	9/15/2014 Update Next Steps: - Continue to meet timelines for arranging crisis interventions. - Implement new referral form October 1, 2014.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
71.1 Strategically establish nine teams in 23 locations throughout the State to respond within 3 hours of a request for service. CSS admissions contacts the person's case manager as soon as they learn of a potential or actual crisis situation.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update There are 9 teams that have been established in 23 locations throughout the state to serve clients locally with the ability to use statewide CSS resources. Eight of the 23 locations for a regional or home office are located in the greater Twin Cities metropolitan area. Fifteen of the 23 locations are located in what is often termed "outstate" or "greater" Minnesota. The outstate locations are generally located in towns or cities that are regional hubs that provide access to less populated areas of the state. The teams can respond within three hours of an authorization for crisis services. CSS contacts and collaborates with the person's lead agency case manager so the service is authorized for MA payment where possible. (Exhibit 59 CSS Office Locations Listing April 2014)	5/11/2014 Update Next steps: Continue to respond as described.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>CSS maintains the locations. CSS continues to provide services statewide, where they are needed.</p> <p>9/15/2014 Update</p> <p>CSS maintains the locations. CSS continues to provide services statewide, where they are needed. Documentation of CSS locations and services available / provided is available from Steve Dahl in CSS.</p>	<p>7/15/2014 Update</p> <p>Next steps: Maintain locations of teams/staff to provide effective supports.</p> <p>9/15/2014 Update</p> <p>Next steps: Maintain locations of teams/staff to provide effective supports.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
71.2 Streamline authorization procedure to facilitate CSS' response to reported crises as quickly as possible.	Director of Community Support Services (Steve Dahl)	12/31/2013	<p>5/11/2014 Update</p> <p>By having teams located across the state, CSS responds to reported crises as quickly as possible. The authorization procedure will be reviewed periodically and when applicable regulations change, to determine whether it can be streamlined any further.</p>	<p>5/11/2014 Update</p> <p>Next steps: Continue to respond as described. Periodically review procedure for possible streamlining.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update CSS maintains the locations. CSS continues to provide services statewide, where they are needed.	7/15/2014 Update Next steps: Continue to respond as described. Periodically review procedure for possible streamlining.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update CSS maintains the locations. CSS continues to provide services statewide, where they are needed. Documentation of CSS locations and services available / provided is available from Steve Dahl in CSS.	9/15/2014 Update Next steps: - Continue to respond as described. - Periodically review procedure for possible streamlining.	9/15/2014 Update Maintaining completion achieved 12/31/2013
72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update CSS partners with a variety of community crisis intervention services providers to maximize support, complement strengths, and avoid duplication. Many of the people served by CSS have a Medicaid HCBS waiver, and one way duplication can be avoided is the requirement for the lead agency case manager to authorize services and document them in the person's plan. (Exhibit 61 Example of Minutes from Quarterly M CCP/CSS Meeting)	5/11/2014 Update Next Steps: Continue to collaborate with private sector crisis intervention providers.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update CSS continues to partner with a variety of community crisis intervention services providers to maximize support, complement strengths, and avoid duplication.	7/15/2014 Update Next Steps: Continue to collaborate with private sector crisis intervention providers.	7/15/2014 Update Incomplete
			9/15/2014 Update CSS continues to partner with a variety of community crisis intervention services providers to maximize support, complement strengths, and avoid duplication. There are regular and as-needed meetings on specific situations and on policy / practice. Documentation of collaboration is available from Steve Dahl in CSS.	9/15/2014 Update Next Steps: - Continue to collaborate with private sector crisis intervention providers. - Continue ad hoc and scheduled meetings with these providers.	9/15/2014 Update Incomplete
72.1 There is ongoing collaboration with the Metro Crisis Coordination Program (MCCP), whose intent is to provide a crisis safety net range of services for persons with developmental disabilities or related conditions; MCCP is a collaborative effort of seven counties in the Twin Cities metropolitan area. (metrocrisis.org)	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update There is ongoing collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to serve individuals. (Exhibit 60 MORA - MCCP Training Program 2014 04 25) (Exhibit 61 Example of Minutes from Quarterly MCCP/CSS Meeting)	5/11/2014 Update Next steps: Continue to collaborate with MCCP.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>There continues to be ongoing collaboration with MCCP.</p> <p>9/15/2014 Update</p> <p>In addition to ad hoc discussions, CSS met with MCCP once this reporting period formally to discuss shared service issues, strategies, and resources. CSS also participated in Crisis Services summit sponsored by the DHS Disability Services Division on Aug. 28, 2014 with crisis service providers and county representatives from across the state.</p> <p>Documentation of collaboration is available from Steve Dahl in CSS.</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to collaborate with MCCP.</p> <p>9/15/2014 Update</p> <p>Next steps: Continue to collaborate with MCCP on an ad hoc and a scheduled basis.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
72.2 Each county, and tribe as relevant, will have a system of locally available and affordable services to serve persons with developmental disabilities.	Director of Community Support Services (Steve Dahl)	10/31/2014	5/11/2014 Update DHS licenses service providers for the HCBS waiver programs; a list of providers is available on the DHS website and through county and tribal case management entities. (Exhibit 62 CSS Payment Eligibility Review Framework) (Exhibit 63 Examples of CSS Individual Payment Eligibility Review forms)	5/11/2014 Update Next steps: Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities.	5/11/2014 Update Incomplete
			7/15/2014 Update CSS continues to work with counties and tribes to provide services for persons with developmental disabilities.	7/15/2014 Update Next steps: Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>CSS continues to work with counties and tribes to provide services for persons with developmental disabilities. For example, on August 18, 2014, CSS staff met with representatives from 22 counties and DCT Vocational Services in Brainerd to discuss shared support responsibilities, issues, and strategies in promoting effective community integration.</p> <p>Documentation of collaboration is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next steps:</p> <ul style="list-style-type: none"> - Continue to collaborate with counties and tribes to provide or arrange for needed services. - Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities. - Continue to participate in quarterly meeting with Region 3 counties to discuss shared crisis service issues and strategies again. Last meeting June 17, 2014; next meeting Sept. 23, 2014 in Duluth. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
72.3 Continue quarterly meetings with MCCP.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update There is ongoing communication and collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to address client needs. (Exhibit 60 MORA - MCCP Training Program 2014 04 25) (Exhibit 61 Example of Minutes from Quarterly MCCP/CSS Meeting)	5/11/2014 Update Next steps: Continue to collaborate with MCCP.	5/11/2014 Update Complete
			7/15/2014 Update Ongoing communication and quarterly meetings with MCCP continue.	7/15/2014 Update Next steps: Continue to collaborate with MCCP.	7/15/2014 Update Maintaining completion achieved 12/31/2013
			9/15/2014 Update In addition to ad hoc discussions, CSS met with MCCP once this reporting period formally to discuss shared service issues, strategies, and resources. Documentation of collaboration is available from Steve Dahl in CSS.	9/15/2014 Update Next steps: - Continue to attend quarterly meetings with MCCP. - Co-host and participate in annual crisis services conference and pre-conference Nov. 6-7, 2014 with Mount Olivet Rolling Acres (MORA) and MCCP.	9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
73. CSS provides augmentative training, mentoring and coaching.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. (Exhibit 57 Descriptions of CSS and MSOCS)	5/11/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	5/11/2014 Update Incomplete
			7/15/2014 Update CSS continues to provide augmentative training, mentoring, and coaching.	7/15/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Practices, policies, and forms have been reviewed to ensure they comply with the JSA and this CPA.</p> <p>In July 2014 CSS provided 11 trainings and 103 people were trained. In August 2014 CSS provided 9 trainings and 110 people were trained.</p> <p>During this reporting period CSS provided Augmentative Support Services in 8 new individual cases.</p> <p>Documentation of activities is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next steps: Continue to offer and provide augmentative training mentoring, and coaching.</p>	<p>9/15/2014 Update</p> <p>Complete</p>
73.1 CSS Staff will offer and provide training, as requested or determined to be lacking, on coaching, mentoring and Augmentative training.	Director of Community Support Services (Steve Dahl)	8/31/2014	<p>5/11/2014 Update</p> <p>CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. (Exhibit 57 Descriptions of CSS and MSOCS)</p>	<p>5/11/2014 Update</p> <p>Next steps: Continue to provide augmentative training mentoring, and coaching.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>CSS continues to provide augmentative training, mentoring, and coaching.</p> <p>9/15/2014 Update</p> <p>CSS continues to provide augmentative training, mentoring, and coaching. See a partial list of available services in EC 73 above.</p> <p>In July 2014 CSS provided 11 trainings and 103 people were trained. In August 2014 CSS provided 9 trainings and 110 people were trained.</p> <p>During this reporting period CSS provided Augmentative Support Services in 8 new individual cases.</p> <p>Documentation of activities is available from Steve Dahl in CSS.</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to provide augmentative training mentoring, and coaching.</p> <p>9/15/2014 Update</p> <p>Next steps: Continue to provide augmentative training mentoring, and coaching.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update CSS Is updating their training manual. Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices.	5/11/2014 Update Next Steps: CSS will review curricula at least annually and update as appropriate.	5/11/2014 Update Incomplete
			7/15/2014 Update The CSS Training Committee is updating the Training Manual. The main committee meets monthly to review and approve the work of subcommittees working on specific sections.	7/15/2014 Update Next Steps: CSS will review curricula at least annually and update as appropriate. Complete updating the training manual.	7/15/2014 Update Incomplete
			9/15/2014 Update During this reporting period, CSS reviewed and updated its training manual with revised curricula for Functional Behavioral Assessment, Positive Behavior Supports, and Person-Centered Thinking.	9/15/2014 Update Next Steps: - Review and update (as needed) Multimodal Functional Behavioral Assessment curriculum. - CSS will review curricula at least annually and update as appropriate.	9/15/2014 Update Complete
			Information on the Training Manual is available from Steve Dahl in CSS.	- CSS will update the training manual as appropriate.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
73.3 CSS will have sufficient administrative/managerial staff to track/analyze training as well as mentoring and coaching services provided.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling it by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. (Exhibit 58 Posting for Permanent CSS Program Director)	5/11/2014 Update Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.) Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	5/11/2014 Update Incomplete
			7/15/2014 Update The new administrative assistant began work 5/21/2014. Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014. The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014. (Exhibit 103 CSS Organization Chart 07022014)	7/15/2014 Update Next Steps: Continue to provide assessment, triage, and care coordination.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update With the hires describe above, CSS now has sufficient administrative / managerial staff to track and analyze data on training as well as mentoring and coaching services provided.	9/15/2014 Update Next Steps: Continue to track and analyze data on training, mentoring and coaching services.	9/15/2014 Update Complete
74. CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi- modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update CSS provides staff training in the community, and can tailor the training to meet the needs of the person(s) served and the staff knowledge. (Exhibit 57 Descriptions of CSS and MSOCS)	5/11/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	5/11/2014 Update Incomplete
			7/15/2014 Update CSS continues to provide staff training in the community, tailoring it to fit the situation.	7/15/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update In July 2014, CSS provided 11 trainings to 103 people. In August 2014, CSS provided 9 trainings to 110 people. Documentation of training is available from Steve Dahl in CSS.	9/15/2014 Update Next Steps: Continue to provide assessment, triage, and care coordination.	9/15/2014 Update Complete
74.1 CSS determines locations for teams and/or home-based staff. CSS creates position descriptions that identify the necessary knowledge, skills, and abilities. CSS hires or trains staff with necessary qualifications and skills to provide training.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update Currently there are 9 teams that have been established in 23 locations throughout the state. Those locations can be adjusted based on needs assessments. CSS position descriptions and job postings list the necessary qualifications and skills for the position, and the State of MN hiring process begins with a review of applications for those qualifications and skills. (Exhibit 59 CSS Office Location Listing) (Exhibit 65 CSS Position Descriptions)	5/11/2014 Update Next steps: Review Position Descriptions as needed and continue to hire appropriately qualified staff.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Teams and locations have not changed during this reporting period. Position descriptions have not been changed during this reporting period. CSS continues to hire and/or train staff with necessary qualifications and skills to provide training. ☐</p> <p>9/15/2014 Update</p> <p>This reporting period CSS hired 2 new staff with training responsibilities.</p> <p>Staff resumes and training records are available through Steve Dahl in CSS.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to maintain locations of teams / staff to provide effective supports. Continue to hire or train staff as described.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Continue to maintain locations of teams / staff to provide effective supports. - Continue to hire or train staff as described.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>
74.2 CSS insures that all vacant trainer positions are filled as efficiently as possible and with appropriately qualified staff.	Director of Community Support Services (Steve Dahl)	8/31/2014	<p>5/11/2014 Update</p> <p>CSS currently has 3 trainer position vacancies; two are in the interview stage of the hiring process, and one vacancy is to be posted by 5/15/2014. (Exhibit 56 CSS Organizational Chart)</p>	<p>5/11/2014 Update</p> <p>Obstacles: Continued difficulty recruiting qualified individuals in greater Minnesota.</p> <p>Next steps: Continue to work with HR to aggressively recruit qualified candidates.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Two of the vacancies mentioned in the 5/11/2014 update have been filled, and hiring is not complete for the third. During this reporting period, another position was vacated. Both of those open positions have been posted for applications.	7/15/2014 Update Next steps: Continue to work with HR to aggressively recruit qualified candidates.	7/15/2014 Update Incomplete
			9/15/2014 Update During this reporting period, CSS hired two new staff with training responsibilities. During this reporting period, another position was vacated in CSS. We continue to work with DHS HR to fill positions.	9/15/2014 Update Next steps: Continue to work with HR to aggressively recruit qualified candidates.	9/15/2014 Update Complete
74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices.	5/11/2014 Update Next Steps: CSS will review curricula at least annually and update as appropriate.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The Training Committee and subcommittees continue their reviews and any necessary revisions.</p> <p>9/15/2014 Update</p> <p>This reporting period CSS reviewed and updated its training manual with revised curricula for Functional Behavioral Assessment, Positive Behavior Supports, and Person-Centered Thinking.</p> <p>Curricula are available through Steve Dahl in CSS.</p>	<p>7/15/2014 Update</p> <p>Next Steps: CSS will review curricula at least annually and update as appropriate.</p> <p>9/15/2014 Update</p> <p>Next Steps: - Review and update (as needed) Multimodal Functional Behavioral Assessment curriculum. - CSS will review curricula at least annually and update as appropriate.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>
75. CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.	Director of Community Support Services (Steve Dahl)	8/31/2014	<p>5/11/2014 Update</p> <p>CSS targets their training, mentoring, and coaching to fit the needs of the customer, with the goal of increasing capacity to support individuals in their community. Current documentation is being reviewed to ensure compliance with this Plan terminology.</p>	<p>5/11/2014 Update</p> <p>Next steps: Continue to provide augmentative training mentoring, and coaching.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Documentation of training provided and satisfaction surveys regarding that training continue to be reviewed.</p> <p>CSS is building community capacity and skills.</p> <p>Services available through CSS include: goal-oriented assessments and plans; consultation (formal and informal); organization development; transitional support; and on-site training.</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to provide augmentative training mentoring, and coaching.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>In July 2014 CSS provided 11 trainings and 103 people were trained. In August 2014 CSS provided 9 trainings and 110 people were trained.</p> <p>During this reporting period CSS provided Augmentative Support Services in 8 new individual cases.</p> <p>Documentation of activities is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next steps: Continue to offer and provide augmentative training mentoring, and coaching.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
75.1 CSS will mentor and develop coaches in the community with a vision to support individuals in communities.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update CSS targets their training, mentoring, and coaching to fit the needs of the customer, with the goal of increasing capacity to support individuals in their community. Current documentation is being reviewed to ensure compliance with this Plan terminology.	5/11/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	5/11/2014 Update Incomplete
			7/15/2014 Update Documentation of training provided and satisfaction surveys regarding that training continue to be reviewed. CSS is building community capacity and skills. Services available through CSS include: goal-oriented assessments and plans; consultation (formal and informal); organization development; transitional support; and on-site training.	7/15/2014 Update Next steps: Continue to provide augmentative training mentoring, and coaching.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>In July 2014 CSS provided 11 trainings and 103 people were trained. In August 2014 CSS provided 9 trainings and 110 people were trained.</p> <p>During this reporting period CSS provided Augmentative Support Services in 8 new individual cases.</p> <p>Documentation of activities is available from Steve Dahl in CSS.</p>	<p>9/15/2014 Update</p> <p>Next steps: Continue to offer and provide augmentative training mentoring, and coaching.</p>	<p>9/15/2014 Update</p> <p>Complete</p>
75.2 Track issues including frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.	Director of Community Support Services (Steve Dahl)	8/31/2014	<p>5/11/2014 Update</p> <p>A database and workflow will be developed to efficiently capture, report, and review this data. (Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</p>	<p>5/11/2014 Update</p> <p>Obstacles: Need to hire additional administrative support (see 67.3 and 75.3).</p> <p>Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>A Workgroup has been created, and the first meeting will be held in July. The Management Analyst is providing support and technical expertise.</p> <p>9/15/2014 Update</p> <p>The first meeting of the workgroup was rescheduled to 8/26/14 due to scheduling conflicts.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Determine which staff will be assigned which responsibilities.</p> <p>9/15/2014 Update</p> <p>Next Steps: Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p> <p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
75.3 Provide additional administrative/managerial support to CSS sufficient to enable timely and complete data collection, entry and analysis.	Director of Community Support Services (Steve Dahl)	8/31/2014	<p>5/11/2014 Update</p> <p>CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. CSS anticipates filling the Director position by 6/1/14. CSS anticipates filling the new Regional Manager positions by 8/31/14. (Exhibit 58 Posting for Permanent CSS Program Director) (Exhibit 66 CSS Recruiting Plans and Communications with HR)</p> <p>7/15/2014 Update</p> <p>The new administrative assistant began work 5/21/2014.</p> <p>Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014.</p> <p>The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>5/11/2014 Update</p> <p>Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)</p> <p>Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue to provide assessment, triage, and care coordination.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Documentation of hiring and of staff records is available from Steve Dahl in CSS, or from DHS Human Resources.	9/15/2014 Update Next Steps: Continue to provide assessment, triage, and care coordination.	9/15/2014 Update Complete
76. An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update Positions descriptions were developed and notices of the available positions were posted. Staff were hired to fill the positions. (Exhibit 56 CSS Organizational Chart) 7/15/2014 Update Two of the six vacancies in the approximately 66 positions within Community Support Services have been filled; hiring is not complete for the third. During this reporting period, another position within the approximately 66 was vacated. Both of those open positions have been posted for applications.	5/11/2014 Update Next steps: Continue to hire and retain qualified individuals for/in these positions. 7/15/2014 Update Next steps: Continue to work with HR to aggressively recruit qualified candidates.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update During this reporting period, another position was vacated and two staff were hired.	9/15/2014 Update Next steps: Continue to work with HR to aggressively recruit qualified candidates for all positions.	9/15/2014 Update Incomplete
76.1 Review position descriptions, update as necessary.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update Position descriptions were reviewed and updated as necessary. (Exhibit 65 CSS Position Descriptions) 7/15/2014 Update No position descriptions needed revision during this reporting period. 9/15/2014 Update No position descriptions needed revision during this reporting period.	5/11/2014 Update Next steps: Review Position Descriptions as needed. 7/15/2014 Update Next steps: Review Position Descriptions as needed. 9/15/2014 Update Next steps: Review Position Descriptions as needed.	5/11/2014 Update Complete 7/15/2014 Update Maintaining completion achieved 12/31/2013 9/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
76.2 Work with DHS Human Resources on advertising positions.	Director of Community Support Services (Steve Dahl)	12/31/2013	<p>5/11/2014 Update</p> <p>CSS works with DHS Human Resources on advertising positions. The Human Resources Division provides human resource management services for the department and administers the Merit System, which provides human resource management services for the human services employees in 75 of Minnesota's counties (72 human services/social services agencies). In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB).</p> <p>(Exhibit 66 CSS Recruiting Plans and Communications with HR)</p>	<p>5/11/2014 Update</p> <p>Next steps: Continue to aggressively recruit qualified candidates.</p>	<p>5/11/2014 Update</p> <p>Complete</p>
			<p>7/15/2014 Update</p> <p>CSS continues to work with DHS Human Resources throughout the hiring process.</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to aggressively recruit qualified candidates.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update CSS continues to work with DHS Human Resources throughout the hiring process.	9/15/2014 Update Next steps: Continue to aggressively recruit qualified candidates.	9/15/2014 Update Maintaining completion achieved 12/31/2013
76.3 Fill any vacancies in functionally equivalent positions, with the required qualifications. As necessary to fulfill this Comprehensive Plan of Action, fill any position.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update Any vacancies are filled as quickly as possible. CSS works with HR to create postings for vacancies. Position descriptions detail the tasks to be done and the knowledge, skills, and abilities needed for the position. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). (Exhibit 56 CSS Organizational Chart)	5/11/2014 Update Next steps: Continue to hire and retain qualified individuals for/in these positions.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Any vacancies are filled as quickly as possible. CSS works with HR to create postings for vacancies. Position descriptions detail the tasks to be done and the knowledge, skills, and abilities needed for the position. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB).</p>	<p>7/15/2014 Update</p> <p>Next steps: Continue to hire and retain qualified individuals for/in these positions.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>Any vacancies are filled as quickly as possible. CSS works with HR to create postings for vacancies. Position descriptions detail the tasks to be done and the knowledge, skills, and abilities needed for the position. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB).</p>	<p>9/15/2014 Update</p> <p>Next steps: Continue to hire and retain qualified individuals for/in these positions.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
77. None of the identified positions are vacant.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update Staff were recruited and hired for the identified positions. CSS monitors staffing on an ongoing basis. CSS works very actively with DHS Human Resources to post and quickly fill vacant positions with qualified candidates. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). (Exhibit 56 CSS Organizational Chart)	5/11/2014 Update Obstacles: Staff resignations and turnover are anticipated. There has been some turnover since CSS was created. Next Steps: If there is turnover, other staff fill in where possible to maintain services. CSS recruits very quickly and very actively for any vacancies. Continue to hire and retain qualified individuals for/in these positions.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>As of June 30, 2014: 6/76 positions in CSS are vacant: 2 BA3 Supervisors 2 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant</p> <p>The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for the two Behavior Analyst 3 positions.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>7/15/2014 Update</p> <p>Next steps: - Post vacant positions. - Work with HR to fill vacancies.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>As of August 22, 2014: 7/76 positions in CSS are vacant: 2 BA3 Supervisors 3 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant</p> <p>The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons.</p> <p>CSS is currently interviewing for two Behavior Analyst 3 positions; a person has been hired for the third position to start Sept. 10, 2014.</p> <p>CSS continues to work on an ongoing basis with DHS HR and MMB to post positions and fill vacancies.</p>	<p>9/15/2014 Update</p> <p>Next steps: - Post vacant positions. - Work aggressively with HR to fill vacancies with qualified candidates as efficiently as possible.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
77.1 Fill as quickly as possible and with qualified applicants all vacancies in these and other functionally equivalent positions. Provide sufficient salary, bonus and other structures and incentives to ensure that the positions are filled.	Director of Community Support Services (Steve Dahl)	12/31/2013	5/11/2014 Update CSS monitors staffing on an ongoing basis. CSS works very actively with DHS Human Resources to post and quickly fill vacant positions with qualified candidates. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). (Exhibit 56 CSS Organizational Chart)	5/11/2014 Update Obstacles: Staff resignations and turnover are anticipated. There has been some turnover since CSS was created. Next Steps: If there is turnover, other staff fill in where possible to maintain services. CSS recruits very quickly and very actively for any vacancies. Continue to hire and retain qualified individuals for/in these positions.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>As of June 30, 2014: 6/76 positions in CSS are vacant: 2 BA3 Supervisors 2 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant</p> <p>The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for the two Behavior Analyst 3 positions.</p> <p>(Exhibit 103 CSS Organization Chart 07022014)</p>	<p>7/15/2014 Update</p> <p>Next steps: - Post vacant positions. - Work with HR to fill vacancies.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>As of August 22, 2014: 7/76 positions in CSS are vacant: 2 BA3 Supervisors 3 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant</p> <p>The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons.</p> <p>CSS is currently interviewing for two Behavior Analyst 3 positions; the third has been hired to start Sept. 10, 2014.</p> <p>CSS continues to work on an ongoing basis with DHS HR and MMB to post positions and fill vacancies.</p>	<p>9/15/2014 Update</p> <p>Next steps: - Post vacant positions. - Work aggressively with HR to fill vacancies with qualified candidates as efficiently as possible.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
78. Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.	Director of Community Support Services (Steve Dahl)	8/31/2014	5/11/2014 Update There is a workgroup of CSS behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise) researching best practices for FBA and clinical supervision.	5/11/2014 Update Next steps: The workgroup is to develop and implement supervision procedures based on best practices and in compliance with this Plan.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Michael Scharr, MS/LP is leading a workgroup of behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise) researching best practices for Functional Behavior Analysis and clinical supervision, and developing and implementing supervision procedures based on best practices and in compliance with the JSA, this CPA, and the standards of the Association of Positive Behavior Supports.</p> <p>Staff conducting FBAs or writing or reviewing behavior plans do so under the supervision of Scharr, who has the requisite education, experience, and credentials. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.</p> <p>(Exhibit 108 CSS Behavior Analyst 3 Supervisor Credentials)</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - research best practices for FBA and clinical supervision for CSS staff - develop and implement supervision procedures 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Michael Scharr, MS/LP continues to lead a workgroup of behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise.	9/15/2014 Update Next Steps: - Continue to employ qualified staff. - Complete research on best practices for FBA and clinical supervision for CSS staff - Develop and implement supervision procedures.	9/15/2014 Update Complete
SETTLEMENT AGREEMENT SECTION X.B. SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN					
79. The State and the Department developed a proposed <i>Olmstead</i> Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999). The <i>Olmstead</i> Plan is addressed in Part 3 of this Comprehensive Plan of Action.	<i>Olmstead</i> Subcabinet (Mike Tessneer)	10/31/2014	5/11/2014 Update The Court issued an Order on 1/22/14 which provisionally approved the <i>Olmstead Plan</i> and directed specific modifications to the Plan to be submitted to the Monitor by 7/5/14 and to the Court by 7/15/14. Additionally, the Court directed the Subcabinet to report progress bimonthly beginning 4/22/14. The initial bimonthly report was submitted on 4/22/2014.	5/11/2014 Update Next Steps: Maintain interaction with the <i>Olmstead</i> Implementation Team and awareness of the future iterations of the <i>Olmstead</i> Plan.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>The <i>Olmstead</i> Subcabinet submitted a request to modify certain parts of the <i>Olmstead</i> Plan. Some of the requested modifications were approved, some were partially approved, and some were denied.</p>	<p>7/15/2014 Update</p> <p>-Continue to maintain interaction with the <i>Olmstead</i> Implementation Office for implementation and compliance with the <i>Olmstead</i> Plan.</p> <p>-Submission of the modified plan is expected by July 15, 2014.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The second and third Olmstead Bimonthly Status reports were filed timely with the Court, Monitor and Plaintiffs' counsel on June 20, 2014 and August 19, 2014 as directed in the Court's 1-22-14 order.</p> <p>The Executive Director of the Olmstead Implementation Office is now convening the Agency Olmstead lead staff monthly in order to coordinate Plan implementation and manage any issue in implementation. Beginning in September potential problems in implementation are being identified early and brought to the attention of the appropriate agency leads for action.</p> <p>In its 1-22-14 order the Court also directed that the Olmstead Plan was provisionally approved and that the Plan be modified as directed by the Monitor. The revised Plan with modifications was submitted timely to the Court, the Monitor and Plaintiffs' counsel on July 10, 2014.</p>	<p>9/15/2014 Update</p> <p>Continue to maintain interaction with the Olmstead Implementation Office for implementation and compliance with the Olmstead Plan.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40 MODERNIZATION					
80. Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.	Director of Disability Services Division (Alex Bartolic)	4/30/2014	5/11/2014 Update Rule 40 modernization is addressed in Part 2 of this Plan. No waiver of Rule 40 has been or will be requested or granted. See Part 2 of this Plan for more details.	5/11/2014 Update Next Steps: Maintain compliance. No waiver has been or will be requested or granted. ☐	5/11/2014 Update Complete
			7/15/2014 Update DHS will not seek a waiver of Rule 40 (or its successor) for a facility.	7/15/2014 Update Next Steps: Maintain compliance.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update DHS will not seek a waiver of Rule 40 (or its successor) for a facility.	9/15/2014 Update Next Steps: Maintain compliance.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL					
81. The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	5/11/2014 Update There have been zero and will be no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability since December 2013. All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.	5/11/2014 Update Next steps: Continue review of all potential admissions for compliance with the JSA requirements.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period there were zero transfers to or placements at MSH of persons committed solely as a person with a developmental disability.	7/15/2014 Update Next steps: Continue review of all potential admissions for compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update During this reporting period there were zero transfers to or placements at MSH of persons committed solely as a person with a developmental disability. Census records are available through Carol Olson.	9/15/2014 Update Next steps: Continue review of all potential admissions for compliance.	9/15/2014 Update Maintaining completion achieved 12/31/2013
82. There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	5/11/2014 Update There have been zero and will be no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.	5/11/2014 Update Next steps: Continue review of all potential admissions for compliance with the JSA requirements.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.	7/15/2014 Update Next steps: Continue review by Central Pre-Admissions and Medical Director(s) of all potential admissions for compliance.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. Census records are available through Carol Olson.	9/15/2014 Update Next steps: Continue review by Central Pre-Admissions and Medical Director(s) of all potential admissions for compliance.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
82.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	<p>5/11/2014 Update</p> <p>The first memo from Deputy Commissioner Anne Barry on transitioning people at MSHS-C to community settings was sent in December 2013 to the Minnesota courts system, county attorneys, county and tribal administrators, case management staff, and other organizations.</p> <p>Another memo from Deputy Commissioner Anne Barry was sent April 11, 2014, stating that no person with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital or at AMRTC. The memo also provided an update on MSHS-Cambridge and transitioning people to the community, and a thank you for continued efforts to discard outmoded terminology and use People First language. This memo was sent to the Minnesota Courts systems, county attorneys, county directors, case managers, and tribal agencies, and was posted for providers and other members of the public to view.</p>	<p>5/11/2014 Update</p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers to MSH and AMRTC. The Central Pre-Admissions Unit reviews potential admissions for compliance with the JSA requirements.</p> <p>DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this CPA to the appropriate person(s) - the applicant, case manager, family, support staff, health care professionals, etc.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>This memo was sent within 30 days of the March Order approving this Plan. (Exhibit 68: 2013 12 26 Memo and 2014 04 11 memo)</p> <p>7/15/2014 Update</p> <p>We continue to communicate the requirements of this EC prohibiting admissions or transfers to MSH of any person with a sole diagnosis of developmental disability.</p> <p>Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Ensure Compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>We continue to communicate the requirements of this EC prohibiting admissions or transfers to MSH of any person with a sole diagnosis of developmental disability. The Jensen Settlement Agreement is included in New Employee Orientation.</p> <p>Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors. Documentation is available from the Jensen Implementation Office (stored in the Jensen SharePoint site in Shared Documents / MI D Tracking Logs).</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
82.2 The Jensen Implementation Team will document any proposed transition to or placement at MSH of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	5/11/2014 Update Presentations are provided at conferences to share information about the JSA and CPA.	5/11/2014 Update Next Steps: The JIT will continue to monitor and document potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.	5/11/2014 Update Complete
			7/15/2014 Update The JIT documents, through diversion meeting notes, proposed transitions to or placements at MSH. These notes are provided to the Court Monitor and Parties periodically.	7/15/2014 Update Next Steps: The JIT will continue to monitor and document potential admissions and transfers to MSH.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors.</p> <p>Documentation is available from the Jensen Implementation Office (stored in the Jensen SharePoint site in Shared Documents / MI D Tracking Logs).</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>
<p>83. There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.</p>	<p>Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Executive Medical Director for Behavior Health () / Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)</p>	<p>4/30/2014</p>	<p>5/11/2014 Update</p> <p>There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.</p> <p>There are no people committed solely as a person with a developmental disability at MSH or AMRTC. Those people have been transitioned to other settings.</p>	<p>5/11/2014 Update</p> <p>Next Steps: All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.	7/15/2014 Update Next Steps: Ensure Compliance.	7/15/2014 Update Maintaining completion achieved 4/30/2014
			9/15/2014 Update There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.	9/15/2014 Update Next Steps: Ensure Compliance.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
83.1 The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.	Jensen Implementation Officer (Christina Baltes) / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	<p>5/11/2014 Update</p> <p>The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.</p> <p>There no longer are people committed solely as a person with a developmental disability at MSH or AMRTC. Those people have been transitioned to other settings.</p> <p>7/15/2014 Update</p> <p>There no longer are people committed solely as a person with a developmental disability at MSH.</p>	<p>5/11/2014 Update</p> <p>Next Steps: The Jensen Implementation Team will continue to monitor potential admissions and transfers so there are no people committed to MSH or AMRTC solely as a person with a developmental disability.</p> <p>7/15/2014 Update</p> <p>Continue to ensure compliance.</p>	<p>5/11/2014 Update</p> <p>Complete</p> <p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There no longer are people committed solely as a person with a developmental disability at MSH.	9/15/2014 Update Continue to ensure compliance.	9/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	5/11/2014 Update Any person confined at Minnesota Security Hospital who was committed solely as a person with a developmental disability and who was not admitted with other forms of commitment or predatory offender status has been transferred to a community setting. Efforts are made to develop the most integrated settings consistent with Olmstead. The University of Minnesota Institute for Community Integration reported on their findings on the transitions of the last three people at MSH solely with a DD diagnosis. (Exhibit 67 An Independent Review of Transitions: Three individuals with Developmental Disabilities Who Moved from the Minnesota Security Hospital to the Community (UMN Independent Review of Minnesota Security Hospital Transitions, FINAL 4/7/2014)	5/11/2014 Update Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status.</p> <p>There were 3 clients that were transitioned from MSH into the community prior to this CPA. A report by the University of Minnesota dated 4/7/2014 found that the transfers were not consistent with <i>Olmstead v L. C.</i>, 527 U.S. 581 (1999).</p> <hr/> <p>* While the transfers took place, the transfers were found by the University of Minnesota independent review as non-compliant with Olmstead.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> -Continue to monitor potential admissions and transfers to MSH. -Respond to the University of Minnesota's Report and Recommendations. -Discuss next steps with Court Monitor on how to achieve compliance and next steps with regard to the 3 clients who transitioned from MSH. 	<p>7/15/2014 Update</p> <p>Incomplete*</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status.</p> <p><i>* While the transfers took place, the transfers were found by the University of Minnesota independent review as non-compliant with Olmstead.</i></p>	<p>9/15/2014 Update</p> <p>Next Steps: -Continue to monitor potential admissions and transfers to MSH.</p>	<p>9/15/2014 Update</p> <p><i>Incomplete*</i></p>
84.1 Provide current census, and identifying information, of any people living at MSH committed solely as a person with a developmental disability.	Executive Director, Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	<p>5/11/2014 Update</p> <p>There are no people committed solely as a person with a developmental disability at MSH.</p>	<p>5/11/2014 Update</p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>During this reporting period there were zero people committed solely as a person with a developmental disability at MSH.</p> <p>9/15/2014 Update</p> <p>During this reporting period there were zero people committed solely as a person with a developmental disability at MSH.</p> <p>Census data is available through Carol Olson at MSH.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to monitor potential admissions and transfers to MSH.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue to monitor potential admissions and transfers to MSH.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
84.2 Provide documentation of any transition/ placement from MSH since 12/5/2011 of any persons committed solely as a person with a developmental disability. Any such transfer/ placement shall be to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	<p>5/11/2014 Update</p> <p>Since 12/5/2011, three individuals committed solely as a person with a developmental disability have transitioned from MSH to the community. A review of their transition to the community was done.</p> <p>There are currently no individuals committed solely as a person with a developmental disability at MSH.</p> <p>(Exhibit 67 An Independent Review of Transitions: Three individuals with Developmental Disabilities Who Moved from the Minnesota Security Hospital to the Community (UMN Independent Review of Minnesota Security Hospital Transitions, FINAL 4/7/2014)</p>	<p>5/11/2014 Update</p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed to MSH or AMRTC solely as a person with a developmental disability.</p>	<p>5/11/2014 Update</p> <p>Complete</p>
			<p>7/15/2014 Update</p> <p>During this reporting period there were zero persons committed solely as a person with a developmental disability.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to monitor potential admissions and transfers to MSH.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update During this reporting period there were zero persons committed solely as a person with a developmental disability.	9/15/2014 Update Next Steps: Continue to monitor potential admissions and transfers to MSH.	9/15/2014 Update Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER					
85. All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)	4/30/2014	5/11/2014 Update All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition have been transferred from AMRTC to more integrated settings consistent with Olmstead.	5/11/2014 Update Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to AMRTC.	5/11/2014 Update Complete
			7/15/2014 Update During this reporting period there were zero AMRTC residents committed solely as a person with a developmental disability and without an acute psychiatric condition.	7/15/2014 Update Next Steps: Central Pre-Admissions and Medical Directors will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to AMRTC.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>During this reporting period there were zero AMRTC residents committed solely as a person with a developmental disability and without an acute psychiatric condition.</p> <p>Census data is available through AMRTC or the Jensen Implementation Office.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Central Pre-Admissions and Medical Directors will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to AMRTC.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
85.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Anoka Metro Regional Treatment Center. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/11/2014	<p>5/11/2014 Update</p> <p>A memo on transitioning MSHS-C to community settings from Deputy Commissioner Anne Barry was sent in December 2013 to the Minnesota courts system, county attorneys, county and tribal administrators, case management staff, and other organizations.</p> <p>A memo from Deputy Commissioner Anne Barry was sent April 11, 2014, stating that no person with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital or at AMRTC. The memo also provided an update on MSHS-Cambridge and transitioning people to the community, and a thank you for continued efforts to discard outmoded terminology and use People First language.</p> <p>This memo was sent to the Minnesota Courts systems, county attorneys, county directors, case managers, and tribal agencies, and was posted for providers and other members of the public to view. (Exhibit 68 2013 12 26 Memo and 2014 04 11 Memo)</p>	<p>5/11/2014 Update</p> <p>Next Steps: We will continue to monitor and document potential admissions and transfers to MSH and AMRTC. DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this Plan.</p> <p>Any time the JIO notices or is informed of outmoded terminology, we contact the information owner and inform them they need to remove that language or add the disclaimer.</p>	<p>5/11/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>We continue to communicate the requirements of this EC prohibiting admissions or transfers to AMRTC of any person with a sole diagnosis of developmental disability without an acute psychiatric condition.</p> <p>Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors.</p> <p>9/15/2014 Update</p> <p>We continue to communicate the requirements of this EC prohibiting admissions or transfers to AMRTC of any person with a sole diagnosis of developmental disability without an acute psychiatric condition.</p> <p>Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p> <p>9/15/2014 Update</p> <p>Next Steps: Continue to ensure compliance with this EC.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 4/11/2014</p> <p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/11/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
85.2 The Jensen Implementation Team will document any proposed transition to or placement at Anoka Metro Regional Treatment Center of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen) / Central Pre-admission / AMRTC Social Services, AMRTC (Tona Willand) / AMRTC Social Services Department Supervisor (Don Burns)	4/30/2014	5/11/2014 Update The Jensen Implementation Team (JIT) is documenting any proposed transition to or placement at AMRTC of any person committed solely as a person with DD. The Central Pre-Admission Team is the first reviewer of potential admissions to AMRTC. If a potential admission does not meet the admission requirements, they cannot be admitted, and the Central Pre-Admission Team will deny that admission. The second review step is the AMRTC Bed Management process, where compliance with the admission criteria is verified.	5/11/2014 Update Next Steps: The JIT will continue to monitor and document potential admissions and transfers to AMRTC to ensure compliance. DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this Plan. ☐	5/11/2014 Update Complete
			7/15/2014 Update The JIT documents, through diversion meeting notes, proposed transitions to or placements at AMRTC. These notes are provided to the Court Monitor and Parties periodically.	7/15/2014 Update The JIT will continue to monitor and document potential admissions and transfers to AMRTC.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The JIT documents, through diversion meeting notes, proposed transitions to or placements at AMRTC. These notes are maintained at the Jensen Implementation Office SharePoint site, and can be provided to the Court Monitor and Parties upon request.	9/15/2014 Update The JIT will continue to monitor and document potential admissions and transfers to AMRTC.	9/15/2014 Update Maintaining completion achieved 4/30/2014
SETTLEMENT AGREEMENT SECTION X.F. SYSTEM WIDE IMPROVEMENTS – LANGUAGE					
86. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	5/11/2014 Update Outdated terminology has been replaced, and the disclaimer statement has been added to webpages. A DHS employee was assigned to do web searches for the outdated terminology, notifying and following up with other staff of the standards and their responsibilities, and adding the disclaimer language where appropriate. Position descriptions have been updated. (Exhibit 68 2013 12 26 Memo and 2014 04 11 Memo) (Exhibit 69 2014 DHS Bulletin Template with Disclaimer)	5/11/2014 Update Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>JIO staff continue to notify entities if any outdated terminology is found in websites or documents.</p> <p>The 2014 Minnesota Legislature made additional changes to statutes to replace outmoded terminology with people first language. The changes are found in Laws of Minnesota 2014, Chapter 312, Article 27, Section 77.</p> <p>(Exhibit 102 Excerpts from Laws of MN 2014 Chapter 312)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>
			<p>9/15/2014 Update</p> <p>JIO staff continue to notify entities if any outdated terminology is found in websites or documents.</p>	<p>9/15/2014 Update</p> <p>Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 12/31/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
86.1 All references to outdated terminology used to describe persons with Developmental Disabilities have been updated with clarification on the Departments use of people first language inserted in areas where historical documents are found. In addition to, or in lieu of, updating each webpage, DHS shall maintain the previously established "disclaimer" language to explain the presence in historical documents of outdated terminology.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	5/11/2014 Update The DHS Communications Office conducted web searches to locate outdated references, and provided instructions and assistance to remove it, replace it, and / or add the disclaimer language. There is ongoing notification to other entities when outdated terminology is found on their website or in their materials. The disclaimer language has been added to document templates (such as the DHS Bulletin format), on web pages, and in many people's email signatures. (Exhibit 69 2014 DHS Bulletin template with disclaimer)	5/11/2014 Update Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	5/11/2014 Update Complete ☑
			7/15/2014 Update JIO staff continue to notify entities if any outdated terminology is found in websites or documents.	7/15/2014 Update Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update JIO staff continue to notify entities if any outdated terminology is found in websites or documents.	9/15/2014 Update Next Steps: - Ongoing notification to other entities when outdated terminology is found on their website or in materials. - Continue to ensure compliance.	9/15/2014 Update Maintaining completion achieved 12/31/2013
87. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	5/11/2014 Update DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute. (Exhibit 70 2013 Laws of Minnesota, Chapter 62 and 2013 Laws of Minnesota, Chapter 59, Article 3)	5/11/2014 Update Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	5/11/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Changes to statute and rule language took place in 2013, and those remain in place.</p> <p>There were additional changes to state statute and rule from the 2014 Minnesota Legislature, mostly changing the word "deficient". These are shown in Laws of Minnesota 2014, Chapter 312, Article 27, Section 77.</p> <p>(Exhibit 102 Excerpts from Laws of Minnesota 2014 Chapter 312)</p>	<p>7/15/2014 Update</p> <p>Next steps: Notification to entities if outdated terminology is found in state statute or rule, or in documents or websites. Continue to ensure compliance.</p>	<p>7/15/2014 Update</p> <p>Maintaining completion achieved 7/1/2013</p>
			<p>9/15/2014 Update</p> <p>JIO staff continue to notify entities if any outdated terminology is found in websites or documents.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - Ongoing notification to other entities when outdated terminology is found on their website or in materials. - Continue to ensure compliance.</p>	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 7/1/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
87.1 On the removal of inappropriate terms that appear in Minnesota statutes and Rules, see 2013 legislation at Chapter 62 and Chapter 59, Article 3, section 21 signed by the Governor on May 16, 2013. DHS will not seek to repeal or replace this legislation.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	5/11/2014 Update DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute. (Exhibit 70 2013 Laws of Minnesota, Chapter 62 and 2013 Laws of Minnesota, Chapter 59, Article 3)	5/11/2014 Update Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	5/11/2014 Update Complete
			7/15/2014 Update The changes to statute and rule language that took place in 2013 remain in place.	7/15/2014 Update Next steps: Notification to other entities if outdated terminology is found in state statute or rule. Continue to ensure compliance.	7/15/2014 Update Maintaining completion achieved 7/1/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>DHS has not and will not seek to repeal changes to statute and rule language that took place in 2013. DHS will continue to promote the removal or replacement of outmoded terminology.</p> <p>Documentation of statutory and rule changes is available from the Minnesota Revisor of Statutes, through the Jensen Implementation Office.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Ongoing notification to other entities when outdated terminology is found on their website or in materials. - Continue to ensure compliance. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 7/1/2013</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
CLOSURE OF MSHS-CAMBRIDGE AND REPLACEMENT WITH COMMUNITY HOMES AND SERVICES					
88. MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	5/11/2014 Update Two community homes have been licensed. One is open with one client residing there. Admissions to MSHS-Cambridge are closed. There will be discussions with DSD about their recent needs assessment and how those results could be used to assist in planning for any future community homes. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	5/11/2014 Update Next Steps: Continue implementation of this EC. It is expected that the last clients will be transitioned out of MSHS-Cambridge soon. It may take some time after the last client transitions out to close down the campus.	5/11/2014 Update Incomplete
			7/15/2014 Update Two licensed community homes have been established. There are two clients at one of the homes. Admissions to MSHS-Cambridge are closed.	7/15/2014 Update Next Steps: Follow plan for closure.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Admissions to MSHS-Cambridge have been closed. The final individual transitioned out on August 29, 2014. The MSHS-Cambridge program is closed. The two community homes remain licensed. Only MnLB Stratton Lake has had people receiving services there; MnLB Broberg's Lake was not used as a residential setting during this reporting period.	9/15/2014 Update Next Steps: Continue to follow plans for the potential relocation of the MN Life Bridge staff currently stationed at MSHS-Cambridge to provide services at MnLB Stratton Lake and MnLB Broberg's Lake.	9/15/2014 Update Complete
89. Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)	10/31/2014	5/11/2014 Update Job descriptions and postings will be created to match CPA language. There will be more discussions on how to locate potential employees that have these qualifications prior to hire. (Exhibit 65 CSS Position Descriptions)	5/11/2014 Update Obstacles: There are few people that meet these requirements prior to hire. Next Steps: Review existing position descriptions, and update as necessary to comply with this Plan. Create new position descriptions in compliance. Continue discussions on possible sources to locate potential qualified candidates.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>There were no hires at MSHS-Cambridge or MN Life Bridge during this reporting period. We anticipate there may be new staff or reassignments during the next reporting period.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue to fill vacancies with staff who meet the requirements of this EC.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <ul style="list-style-type: none"> - MN Life Bridge and MSHS-Cambridge had no new hires during this reporting period. - MnLB is in the process of interviewing for replacement and new BMA positions for both community sites. - Some staff reassignments occurred to Stratton Lake when new admits there occurred in July. - 7/7 employees reassigned during this reporting period to Stratton Lake (MSHS-Cambridge staff who bid into Broberg's Lake positions) have already received training in community based services and/or possessed experience in community based services. - All staff receive individual site specific training and continue to progress toward Annual training expectations. 	<p>9/15/2014 Update</p> <p>Next Steps: Continue to fill vacancies with staff who meet the requirements of this EC.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation of hiring and staff training is available from Mark Brostrom at MN Life Bridge. (Exhibit 121 Training Tracker as of 08312014)		
90. Provide integrated vocational options including, for example, customized employment.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	5/11/2014 Update There are vocational options available for clients, especially when they have moved past the crisis situation that placed them in MSHS-C or a successor facility. ☐	5/11/2014 Update Next Steps: Continue offering vocational options. Continue developing and refining clients' PCP, and providing opportunities for vocational training, assistance with applying for jobs, supports needed to attain and maintain a job.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>There continue to be integrated vocational options available for clients, especially when they have moved past the crisis situation that placed them in MSHS-C or a successor facility. Clients describe their interests and goals, and those are documented in the person centered description / plan / transition plan, and options can be found.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue offering integrated vocational options. - Continue developing and refining clients' PCP, and providing opportunities for vocational training, assistance with applying for jobs, supports needed to attain and maintain a job. 	<p>7/15/2014 Update</p> <p>Complete</p>
			<p>9/15/2014 Update</p> <p>The initial focus when a person begins receiving MnLB services is to address the crisis or emergent situation that brought them to MnLB. Once the person is able to get past that, they continue to develop and enrich their person centered plans and transition planning. Based on the person-centered work completed with each individual, opportunities for developing or exercising vocational skills are explored that meet the expressed interests of that individual.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue offering opportunities to individuals to explore and develop vocational skills / experiences. - Provide continued assistance with vocational assessment, training, seeking / attaining resources, applying for and maintaining employment. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 6/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Sometimes this entails learning or brushing up on pre-vocational skills and activities (for example, what is expected of an employee - hygiene, clothing, work hours); sometimes this entails skills assessments and discussions to better clarify educational or vocational needs or choices or opportunities; learning how to apply and interview for positions; and sometimes there are other activities - based on the individual's needs and interests.</p> <p>Documentation of those discussions and activities and planning is shared appropriately with the service providers.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Documentation is available in the individual's plans and records, located at the residential settings.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		
<p>91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p>5/11/2014 Update</p> <p>MSHS-Cambridge is reviewing, and revising as necessary, PCP documents of current clients for compliance with this Plan. DHS is currently reviewing and revising policies, practices, forms, and templates for PCPs and the Profile to comply with the terminology of this Plan.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementing this EC. Continue reviews and necessary revisions.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update MSHS-C / MN Life Bridge continues review and revise tools and forms as necessary to comply with this Plan. DHS continues to review and revise policies, practices, forms, and templates for PCPs to comply with the terminology of this plan.	7/15/2014 Update Next Steps: Continue to review and revise tools, forms, policies, practices, and templates as necessary to support best practices and comply with this Plan.	7/15/2014 Update Incomplete
			9/15/2014 Update MSHS-C / MnLB will revise tools and forms as necessary to comply with this Plan. DHS will continue to review and revise policies, practices, forms, and templates for PCPs as necessary to comply with the terminology of this plan. Dr. Danov has taken a different job, so a national search for her replacement will be done.	9/15/2014 Update Next Steps: Begin national search for replacement for Dr. Danov.	9/15/2014 Update Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Documentation on tools and forms is found in the individual plans and records, located at the residential settings.</p> <p>(Exhibit 113 Plans for individual at MSHS-C) (Exhibit 114 Plans for individual at MnLB Stratton Lake) (Exhibit 115 Plans for Individuals recently admitted to MnLB Stratton Lake) (Exhibit 116 Plans for individual transitioned from MnLB Stratton Lake) (Exhibit 117 Plans for residents at ECMSOCS)</p>		
92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<p>5/11/2014 Update</p> <p>DHS is currently reviewing and revising policies, practices, forms, and templates for transition planning to comply with the terminology of this plan.</p> <p>7/15/2014 Update</p> <p>The transition plan and associated actions around the transition process have continued to evolve towards substantial compliance with this Plan.</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue implementing this EC. Continue reviews and necessary revisions.</p> <p>7/15/2014 Update</p> <p>Next Steps: Continue implementing this EC, including review and necessary revision of the transition process.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The transition plan and associated actions around the transition process are in compliance with this EC.	9/15/2014 Update Next Steps: Continue implementing this EC, including review and necessary revision of the transition process.	9/15/2014 Update Complete
93. DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update DHS will provide services and supports as described in this EC. DHS will review position descriptions and training programs. DHS will conduct further data analysis. (Exhibit 57 Descriptions of CSS and MSOCS)	5/11/2014 Update Next Steps: Continue implementing this EC. Continue reviews and necessary revisions. Develop and maintain databases and perform data analyses.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>Augmentative, diversionary, consultative and training supports are being provided. For example, staff were made aware of a potential discharge in Southern Minnesota and provided consultation and other supports such that the discharged was averted.</p> <p>DHS is creating stronger diversionary supports and planning and hiring for the Therapeutic Follow Up Team.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to provide augmentative, diversionary, consultative and training supports. - Continue with hiring process to build the Therapeutic Follow-up Team. 	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>Augmentative, diversionary, consultative and training supports continue to be provided and strengthened.</p> <p>DHS continues to develop the Therapeutic Follow Up Team (Successful Life Project). Several additional positions are being filled, and policies and procedures are being developed on implementing the Successful Life Project.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue to provide augmentative, diversionary, consultative and training supports. - Continue with hiring process to build the Therapeutic Follow-up Team. 	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	5/11/2014 Update All facilities are currently licensed. (Exhibit 10 MSHS-Cambridge licenses from DHS and MN Department of Health) (Exhibit 11 Stratton Lakes and Broberg Lake DHS licenses)	5/11/2014 Update Next Steps: Maintain licensure status. Reapply / relicense annually or as otherwise required.	5/11/2014 Update Complete
			7/15/2014 Update All facilities remained licensed.	7/15/2014 Update Next Steps: - Maintain licensure status. - Reapply / relicense annually or as otherwise required. - When MSHS-Cambridge closes, complete the process to remove the licenses.	7/15/2014 Update Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>All facilities remained appropriately licensed during this reporting period.</p> <p>With the transition out of MSHS-Cambridge of the last person on August 29, 2014, removing the licenses for the MSHS-Cambridge program is in progress. DHS and MDH licensing areas were notified in advance that the program would be closed effective 8/30/2014.</p> <p>(Exhibit 124 Correspondence to remove MSHS-C licenses)</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Maintain licensure status. - Reapply / relicense annually or as otherwise required. 	<p>9/15/2014 Update</p> <p>Maintaining completion achieved 4/30/2014</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
95. Residents currently at MSHS-Cambridge transition to permanent community homes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	5/11/2014 Update Efforts are actively being made to transition each individual currently residing at MSHS-Cambridge to permanent community homes. As of April 30, 2014, there were five individuals remaining on campus. (Exhibit 8 Sample Positive Support Transition Plan)	5/11/2014 Update Obstacles: It will take time to develop a home for at least one individual because of a history of behavior issues. DHS is actively working on plans for his transition. An interim alternate placement is being discussed with SOS and DSD and the Court Monitor, as a first step to preparing him for successful community living.	5/11/2014 Update Incomplete
			7/15/2014 Update During this reporting period, 4/5 individuals served at MSHS-Cambridge have transitioned to permanent community homes. As of June 30, 2014, 1/5 individuals remains on campus; that person is slated to move in July or August. The individual's transition plan is in its final stage, awaiting his new staff to be trained and housing to be readied. *On 6/27/2014, the Court took DHS motion to extend the due date for this EC under advisement. [Doc. 323].	7/15/2014 Update Next Steps: Complete the transition process for the one individual remaining on the MSHS-C campus to the community as soon as possible.	7/15/2014 Update Incomplete*

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>1 individual remained on the MSHS-Cambridge campus until August 29, 2014. The individual's transition plan was completed, staff have been trained, and the individual visited a number of potential homes before choosing the home in Brainerd, MN, designing the move process (including a farewell party and a welcome home party), and physically moving.</p> <p>There was a remarkable amount of cooperation and creativity involved in making this transition happen. There were many questions from county staff, ombudsman office staff, and state staff, which often informed the JIO and MnLB of concerns and issues to consider as the individual worked on the transition plan and developed a plan for life in the community.</p> <p>*On 6/27/2014, the Court took the DHS motion to extend the due date for this EC under advisement. [Doc. 323].</p>	<p>9/15/2014 Update</p> <p>Obstacles: The greatest obstacle in the final transition out of the MSHS-Cambridge program was locating, and finalizing the transactions for, housing in the community that the individual accepted and could meet the needs.</p> <p>Next Steps: - Complete the transition process for the one individual who remained on the MSHS-C campus (a 45-day post-transition visit is part of the program). - Discussions and decisions on ways to streamline and/or speed up the process of finding and accessing housing.</p>	<p>9/15/2014 Update</p> <p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
96. Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	5/11/2014 Update The staff training plan for MN Life Bridge and for CSS strongly emphasizes providing tools and support services for the individual. MSHS-Cambridge staff moving to MN Life Bridge community homes are receiving training in delivering community based programs and processes before they begin work there. Ongoing training will be provided as needed.	5/11/2014 Update Next Steps: Continue staff training plans.	5/11/2014 Update Incomplete
			7/15/2014 Update All staff who are working in the community home currently in operation (Stratton Lake), and all staff remaining on campus who will be working in the community homes once the MSHS-Cambridge campus closes, have received orientation training for community-based services and continue to receive hands-on, competency-based person-specific training in the person's home for all support plans and instructional methodologies. These are fully suited for community life and both emphasize and reflect choice, self-determination, and other person-centered practices and values. ☐	7/15/2014 Update Next Steps: Continue competency-based training for all staff in all program and plan updates for all individuals receiving support.	7/15/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>All staff who worked in the community home (Stratton Lake), and all staff who remained working on the Cambridge campus (who will be working in the community homes now that the MSHS-Cambridge campus closed) continue to receive hands-on, competency-based person-specific training in the person's home for all support plans and instructional methodologies. These trainings are fully suited for community life and both emphasize and reflect choice, self-determination, and other person-centered practices and values.</p> <p>We continue to provide competency-based training for all staff in all Successor facilities and programs, and on plan updates for all individuals receiving support. Required trainings are provided on a rotating schedule throughout the year, and attendance is documented in the Training Tracker.</p> <p>(Exhibit 121 Training Tracker as of 08312014)</p>	<p>9/15/2014 Update</p> <p>Next Steps: Continue competency-based training for all staff in all program and plan updates for all individuals receiving support.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
THERAPEUTIC FOLLOW-UP OF CLASS MEMBERS AND CLIENTS DISCHARGED FROM METO/MSHS-CAMBRIDGE					
98. DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	5/11/2014 Update Initial contacts have been made with identified case managers to verify the current location of Class Members and other clients discharged from MSHS-Cambridge, their provider (usually their residential provider), their guardianship status and guardian(s) if any, and their case manager or lead agency contact person. Contacts have been made and information verified or updated for over 90% of the list of Class Members and other clients discharged from MSHS-Cambridge since May 1, 2011. Some of the people on the list do not currently have a case manager, so providers, guardians, the individual, and other sources are being contacted in search of the information to be verified or updated.	5/11/2014 Update Next Steps: Continue implementing this EC. Create position descriptions for follow-up team positions. Continue working with HR so the posting / hiring process can begin as soon as possible.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>MN Life Bridge administrators are creating position descriptions for the therapeutic follow-up team. These will be ready by Mid-June. It is expected that posting of positions can begin in July 2014 or sooner, when the FY2015 state budget goes into effect.</p> <p>A detailed work schedule is being developed and should be in place by June 1, 2014 or sooner.</p> <p>7/15/2014 Update</p> <p>Therapeutic Follow-up contact information for Class members continues to be updated.</p> <p>7/8 positions for the Therapeutic Follow-up Team were posted for hire. An RN position has been added to assure that proper assessment of psychotropic medications is completed as part of the overall assessment. 1/8 positions is pending final review of the position description.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Review applicant qualifications per EC 89. -Interview qualified candidates. - Develop process and procedures for Therapeutic Follow-up. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>A national search will be done to recruit the board certified BA3s for the Therapeutic Follow-up Team.</p> <p>A work schedule has been developed to follow individual tasks of team members.</p> <p>Meetings are taking place to discuss assessment tool options that will be acceptable to the Court Monitor.</p> <p>(Exhibit 105 Position Posting - Behavior Analyst 3) (Exhibit 106 Position Description - Registered Nurse Senior)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>The Successful Life Project (SLP) has been established. Key staff are hired and working on implementing the project. Interviews are scheduled for the RN position (end of August) and BA3s (beginning of September). We await the approval of an additional position (QE Manager) for the Successful Life Project.</p> <p>Vehicles and equipment are assigned and ready for delivery for staff.</p> <p>SLP staff will initiate a review process on or about October 1, 2014 to have a brief face-to-face meeting before November 30, 2014 with each individual on the "therapeutic follow-up" list to assess the general well-being of the person in his or her home and to determine if there are any critical or immediate health or safety issues. Immediate follow-up will occur if any home health and safety concerns are identified. After the initial wellness checks, MLB will prioritize the group and begin the more comprehensive reviews.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue process of filling vacancies - Finish process for leasing vehicles and equipment for the mobile teams - Finish discussion and design of database / electronic storage system - Begin the follow up of Class Members and others on the list to be followed - Create bulletin on the Successful Life Project for public distribution <p><i>Note: DHS intends to seek an extension of the deadline for this Evaluation Criteria. The original deadline of 8/31/2014 reflects that date by which what is now called the Successful Life Project would be established.</i></p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>Meetings with the Health Information area and IT regarding electronic records storage, databases, and record retrieval of Class Member data are occurring timely and routinely.</p> <p>A DHS bulletin will be created to provide basic, consistent information about the SLP to interested persons. It will be available to the public on the DHS website.</p>		

Evaluation Criteria and Actions

Person(s)
Responsible

Deadline

State of Compliance;
Documentation for VerificationObstacles and Next
Steps

Status

Modernization of Rule 40

BACKGROUND

"Rule 40," *Use of Aversive and Deprivation Procedures in Licensed Facilities Serving Persons with Developmental Disabilities*, implements Minnesota Statute Section 245.825 by setting standards for the use of aversive and deprivation procedures with persons who have a developmental disability and who are served by a DHS license holder.

Rule 40 was promulgated in 1987 and was intended to represent best practices at the time. However, it does not represent current best practices, including those supported by the Association of Positive Behavior Supports. The Settlement Agreement required the appointment of an advisory committee for the following purposes:

"to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in Olmstead v. L.C., 527 U.S. 582 (1999)." Settlement Agreement at §X.C.

THE ADVISORY COMMITTEE REPORT WAS ACCEPTED BY THE DEPARTMENT

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>The advisory committee studied the literature, received consultation regarding best practices, and deliberated over many months to formulate a detailed and comprehensive analysis with recommendations. Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013). The recommendations were fully accepted by the Department which wrote the introduction to the Committee's report:</p> <p>"Ensuring that the Minnesotans who receive services are treated with respect and dignity is a key element of the mission of the Department of Human Services (the Department or DHS). As an agency with responsibilities for the administration and oversight of services, as well as a provider of services, we are committed to fulfilling our mission consistent with the current best practices and principles that support inclusive community living and quality of life.</p> <p>To that end, DHS will prohibit procedures that cause pain, whether physical, emotional or psychological, and establish a plan to prohibit use of seclusion and restraints for programs and services licensed or certified by the department. It is our expectation that service providers, including state operated services, will seek out and implement therapeutic interventions and positive approaches that reflect best practices."</p> <p>"Current best practices include, but are not limited to, the use of positive and social behavioral supports, prohibitions on use of restraints and seclusion, trauma informed care, and the development of community support plans that are consistent with the principles of the "most integrated setting" and "person centered planning," consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999). * * * To achieve these changes across our service system, we will create a culture that honors the trust placed in us both as a provider and as a department responsible for the administration and oversight of many of the services that support citizens."</p> <p>Quotations from DHS, Introduction to Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) at page 1.</p>					

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SCOPE OF RULE 40 MODERNIZATION					
99. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead</i> v. L.C., 527 U.S. 582 (1999)."	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	<p>5/11/2014 Update</p> <p>The scope of the rulemaking project is consistent with this Plan EC. There is ongoing opportunities for public and parties involvement in reviewing draft rule language.</p> <p>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</p> <p>7/15/2014 Update</p> <p>The draft of rule revisions for the Positive Supports Rule continues to be developed.</p> <p>The Rulemaking Schedule was updated during this reporting period.</p> <p>(Exhibit 109 Positive Supports Rule Abbreviated Rulemaking Schedule for 2014-2015 rev 07022014)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue developing draft rule for review.</p> <p>7/15/2014 Update</p> <p>Next Steps: - Continue developing draft rule for review. - Continue following updated rulemaking schedule.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p> <p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update</p> <p>DHS continues to refine the draft rule. In accordance with the Minnesota Administrative Procedures Act (MAPA), a Request for Public Comments was posted in the State Register on August 25, 2014, and mass mailed to stakeholder organizations, to provide notice of the legislative changes that greatly expanded the scope of the rule to govern additional provider types.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Continue developing draft rule for review. - Continue following updated rulemaking schedule. 	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
ADOPTION OF RULE 40 MODERNIZATION					
100. ¶1 Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by December 31, 2014 propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	5/11/2014 Update DHS is developing the initial draft rule for internal vetting within DHS. By the end of May, DHS anticipates providing a draft rule to the Court Monitor, Plaintiffs' Class Counsel, the Ombudsman for DD and MH, and the Executive Director of the Governor's Council on Developmental Disabilities (collectively, the Jensen Party Representatives). The DHS rulemaking schedule highlights involvement by the Jensen Party Representatives. (Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)	5/11/2014 Update Next Steps: Continue developing draft rule for review.	5/11/2014 Update Incomplete

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update	7/15/2014 Update	7/15/2014 Update
			<p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p>	<p>Next Steps:</p> <ul style="list-style-type: none">- Public input sessions will begin no earlier than August 2014.- The draft rule and explanatory documents will continue to be refined.	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>9/15/2014 Update DHS incorporated into the draft rule input from its internal experts as identified by David Ferleger; input from a second, 8/14 meeting with Roberta and Colleen; and input from an 8/20 meeting with Dr. Fredda Brown. With David Ferleger's approval, DHS then turned its attention toward holding public stakeholder meetings. These will be held between September 22 and October 6.</p> <p>During October, November, and early December, DHS will consider stakeholder input in light of the Settlement Agreement and the CPA, prepare a lengthy Statement of Need and Reasonableness, and meet multiple 3rd party intermediate approval deadlines that are prerequisites to publishing a proposed rule in December.</p>	<p>9/15/2014 Update Next Steps: - The draft rule and explanatory documents will continue to be refined. - Continue discussions with Dr. Fredda Brown and others to gather input and recommendations.</p>	<p>9/15/2014 Update Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>100. ¶2 Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC ___ below.</p>	<p>Director of Disability Services Division (Alex Bartolic)</p>	<p>5/31/2014</p>	<p>5/11/2014 Update</p> <p>Additional legislative rule authority is being sought. DHS proposed an amendment to its statutory rulemaking authority to clarify that DHS has authority for this broad rule applicability. The bill is now making its way through the Legislature. Both the House and Senate versions of the bill have identical language clarifying the scope of the rule, and an amendment with further clarification as agreed upon by the consultants to the Parties, and the Disability Law Center is being recommended by the Governor for inclusion during conference committee.</p> <p>DHS is optimistic that the legislation will be adopted, and is therefore preparing the draft rule as it would if the legislation had already been passed.</p>	<p>5/11/2014 Update</p> <p>Obstacles: Stakeholders might raise concerns to legislators. The amendment may not be approved, or the final legislation may not include the agreed upon provisions. Both are unlikely obstacles, since there is agreement on language with House and Senate.</p> <p>Next Steps: We are monitoring the conference committee. Having the Governor recommend the amendment increases its likelihood of being included in the final bill.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update The 2014 Minnesota Legislature revised MN Statutes Chapter 245 and Chapter 245D providing additional direction and clarity to the statute to allow the rulemaking process to incorporate the scope of EC99. (Exhibit 102 Excerpts from Laws of Minnesota 2014 Chapter 312)	7/15/2014 Update Next Steps: Continue with the rulemaking process and updated schedule.	7/15/2014 Update Complete
			9/15/2014 Update A Request for Public Comment was published in the August 25, 2014 State Register, to provide public notice of the change in the scope of the rulemaking authority created by the 2014 Legislature.	9/15/2014 Update Next Steps: Continue with the rulemaking process and updated schedule.	9/15/2014 Update Maintaining completion achieved 6/30/2014
100. ¶3 If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina	5/31/2014	5/11/2014 Update DHS is awaiting Legislative decisions.	5/11/2014 Update Next Steps: Monitor legislation.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Baltes)		7/15/2014 Update The 2014 Minnesota Legislature revised MN Statutes Chapter 245 and Chapter 245D providing additional direction and clarity to the statute to allow the rulemaking process to incorporate the scope of EC99. (Exhibit 102 Excerpts from Laws of Minnesota 2014 Chapter 312)	7/15/2014 Update Next Steps: Continue with the rulemaking process and updated schedule.	7/15/2014 Update Complete
			9/15/2014 Update Legislative approval was obtained for the requested rulemaking authority. DHS is following the MAPA to implement that authority.	9/15/2014 Update Next Steps: Continue with the rulemaking process and updated schedule.	9/15/2014 Update Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>100. ¶4 By August 31, 2015, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.</p>	<p>Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)</p>	<p>8/31/2015</p>	<p>5/11/2014 Update</p> <p>DHS is on track with the rulemaking process and schedule.</p> <p>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</p>	<p>5/11/2014</p> <p>Obstacles: Some events in the rulemaking process are outside of DHS' control. Most notably, the administrative law judge could disapprove the legality of the rule or the process.</p> <p>Next Steps: Continue with the rulemaking process and schedule. Address obstacles if they arise.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p> <p>(Exhibit 109 Positive Supports Rule Abbreviated Rulemaking Schedule for 2014-2015 rev 07022014)</p>	<p>7/15/2014 Update</p> <p>Next Steps: Continue with the rulemaking process and updated schedule.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS is currently on track for meeting EC deadlines.	9/15/2014 Update Next Steps: Continue with the rulemaking process and updated schedule.	9/15/2014 Update Incomplete
TEMPORARY TAPERED USE OF MEDICAL RESTRAINT					
101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision. In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	5/11/2014 Update The draft rule that DHS is preparing addresses the use of positive supports and the phasing out of prohibited restrictive interventions, consistent with the requirements of Minnesota Statutes, Chapter 245D and this Plan. In formulating the draft rule, related documents and implementation plans, DHS is carefully considering Dr. Brown's recommendations. (Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)	5/11/2014 Update Next Steps: Continue the rulemaking process and schedule.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

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Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS met with Dr. Fredda Brown on August 20 and incorporated her input in the draft rule. Other meetings are scheduled with Dr. Brown.	9/15/2014 Update Next Steps: The draft rule and explanatory documents will continue to be refined.	9/15/2014 Update Incomplete
THE PROPOSED RULE					
102. ¶1 The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its <i>Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013)</i> . During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	8/31/2015	5/11/2014 Update DHS is developing the initial draft rule so that it is consistent, to the extent possible in rule, consensus with the Rule 40 Advisory Committee Recommendations, and is developing related documents and implementation plans to further carry out these recommendations. (Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)	5/11/2014 Obstacles: Legislative changes proposed by stakeholders to Minnesota Statutes, Chapter 245D may impact DHS' ability to fulfill some Advisory Committee Recommendations. Next Steps: Continue with the rulemaking process and schedule. Address obstacles if they arise.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined. 	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>DHS continues to refine the draft rule. Input from experts, Jensen consultants, and the public will be considered and revisions to the draft will be based upon the Jensen Settlement Agreement, the Comprehensive Plan of Action, and best practices.</p>	<p>9/15/2014 Update</p> <p>Next Steps:</p> <p>The draft rule and explanatory documents will continue to be refined.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
102. ¶2 Not later than (30) days prior to public notice of the content of the Proposed Rule, the Department shall provide a draft of the rule to Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities for review and comment and, if requested by any of these entities, for discussion in a conference prior to public notice of the content of the Proposed Rule. The Department will share with these entities the intended final content not later than five (5) days prior to the public notice.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	10/15/2014	<p>5/11/2014 Update</p> <p>DHS will be providing a draft rule to the Jensen Representatives before the noted deadlines of 30 and 5 days before publication of the Notice of Hearing and Proposed Rule in the Minnesota State Register and mass mailing of the Notice of Hearing and Proposed Rule in December 2014.</p> <p>If any Jensen Representative, Party, Counsel, or the Court Monitor wishes to request a conference, the request should be made by August or early September to permit time for draft rule changes. At the very latest, the request should be made by the end of September. Due to requirements largely in play during November, and an early December State Register copy deadline, October is the last month for draft rule modifications.</p> <p>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</p>	<p>5/11/2014 Update</p> <p>Next Steps: Continue the rulemaking process and schedule.</p>	<p>5/11/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>7/15/2014 Update</p> <p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p>	<p>7/15/2014 Update</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined. 	<p>7/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS continues to refine the draft rule based on input received from experts, Jensen consultants, and Dr. Fredda Brown.	9/15/2014 Update Next Steps: The draft rule and explanatory documents will continue to be refined.	9/15/2014 Update Incomplete
REFERRAL OF UNRESOLVED ISSUES TO THE <i>OLMSTEAD</i> PLAN PROCESS					
103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the <i>Olmstead</i> Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly	Plaintiffs' Class Counsel, Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities	9/30/2015	5/11/2014 Update The draft rule will be provided to the parties mentioned prior to the final rule process. (Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)	5/11/2014 Update Next Steps: Involvement of parties mentioned through the rule making process will assist in addressing as much as possible in the rule.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the <i>Olmstead</i> Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the <i>Olmstead</i> Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.</p>			<p>7/15/2014 Update</p> <p>In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.</p> <p>DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.</p>	<p>7/15/2014 Update</p> <p>Next Steps: Public input sessions will begin in late July 2014.</p>	<p>7/15/2014 Update</p> <p>Incomplete</p>
			<p>9/15/2014 Update</p> <p>DHS continues to collaborate with Jensen representatives.</p>	<p>9/15/2014 Update</p> <p>Next Steps: - The draft rule and explanatory documents will continue to be refined. - Continue discussions with Dr. Fredda Brown and others to gather their input.</p>	<p>9/15/2014 Update</p> <p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
IMPLEMENTATION					
104. The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.	Director of Disability Services Division (Alex Bartolic)	12/31/2015	5/11/2014 Update DHS continues its Community of Practice (documentation of topics), and contract with the Research and Training Center on Community Living Institute on Community Integration, University of Minnesota (ICI) to provide person centered training and cohort training to increase community capacity (dates of training and cohort initiation). Access to the College of Direct Supports was made available to providers. Data collection continues of emergency use of manual restraints and Positive Support Transition Plans (Summary of data; reports are available for review). The Governor's budget included request for resources to increase technical assistance and training (Governor's budget proposal; current House and Senate tracking). (Exhibit 72 College of Direct Support - Core Curriculum)	5/11/2014 Update Obstacles: Legislative appropriations may not be included in the final bill for technical assistance and training as recommended by the Rule 40 Advisory Committee. Next Steps: Monitoring of the conference committee will occur, and if funding is not granted, the issue will be raised with department leadership.	5/11/2014 Update Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update The Department continues the rulemaking process.	7/15/2014 Update Next Steps: - Continue with the rulemaking process.	7/15/2014 Update Incomplete
			9/15/2014 Update The Department is currently on track with its rulemaking schedule that will culminate in a 2015 rule adoption.	9/15/2014 Update Next Steps: Continue with the rulemaking process.	9/15/2014 Update Incomplete

CHRONOLOGICAL DISPLAY OF DEADLINES**PART I - COMPREHENSIVE PLAN OF ACTION**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
42. On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
43. After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
87. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	Complete
87.1 On the removal of inappropriate terms that appear in Minnesota statutes and Rules, see 2013 legislation at Chapter 62 and Chapter 59, Article 3, section 21 signed by the Governor on May 16, 2013. DHS will not seek to repeal or replace this legislation.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	Complete
44. In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring plan pursuant to the Order of August 28, 2013.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	Complete
03. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

03.1 All referrals for admission will be reviewed by the admissions coordinator to assure that they are persons with a Developmental Disability and meet the criteria of exhibiting severe behaviors and present a risk to public safety taking into account court ordered admissions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
08. Restraints are used only in an emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
08.1 Facility Staff will clearly document, on the restraint form, the circumstances leading up to the restraint and what imminent risk of harm precipitated the application of the restraint. This shall include what antecedent behaviors were present, what de-escalation and intervention strategies were employed and their outcomes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
08.2 In the event a restraint was used in the absence of imminent risk of harm, staff will be immediately retrained on Facility policies addressing the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy with such retraining being entered into their training file.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
10. There were no instances of prone restraint, chemical restraint, seclusion or time out. [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
10.1 Facility policy shall clearly identify prone restraint, chemical restraint, seclusion and timeout as "prohibited."	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
11. There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
12. There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
13. There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy specifies the Facility shall not use chemical restraint. A chemical restraint is the administration of a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
14. There were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.	MN Life Bridge RN Senior (Janet Marciniak)	12/31/2013	Complete

15. There is a protocol to contact a qualified Third Party Expert.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
15.1 Facility policy stipulates that a Third Party Expert will be consulted within 30 minutes of the emergency's onset.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
16. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
17. DHS has paid the Experts for the consultations.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
18. A listed Expert has been contacted in each instance of emergency use of restraint.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
19. Each consultation occurred no later than 30 minutes after presentation of the emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
20. Each use of restraint was an "emergency."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
21. The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
21.1 On the restraint form, Facility staff will identify the Third Party or other expert and will document all recommendations given by the consultant, techniques, and the efficacy and outcomes of such interventions. When reviewing the restraint form 24 hrs post-restraint, Designated Coordinator will verify that Facility staff contacted the medical officer within 30 minutes of the emergency's onset.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
22. The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
23.1 On the Restraint Form, the Facility supervisor will document both the date / time that the emergency restraint began and the date / time s/he contacted the designated medical officer.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete

27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
27.1 All allegations of abuse or neglect related to care of residents of a Facility will be submitted to the common entry point to determine whether or not the case will be referred to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
28.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
29.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
30.1 Staff will indicate what type of restraint was used on Form 31032 (or any successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
30.2 When reviewing the restraint form 24 hrs or one business day post-restraint, the Designated Coordinator will verify that no prohibited techniques were used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
31. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Office of Health Facility Complaints.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
31.1 Form 31032 (or its successor) is sent to the Office of Health Facility Complaints within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
32. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH & DD	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
32.1 Form 31032 (or its successor) is sent to the Ombudsman for MH & DD within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
33. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS Licensing	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
33.1 Form 31032 (or its successor) is sent to DHS Licensing within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete

34. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
34.1 Form 31032 (or its successor) is sent to the Court Monitor and to the DHS Internal Reviewer within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
35. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the legal representative and/or family to the extent permitted by law.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
35.1 Form 31032 (or its successor) is sent to the legal representative, and/or family to the extent permitted by law, within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
36. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Case manager.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
36.1 Form 31032 (or its successor) is sent to sent to the case manager within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
37. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiffs' Counsel.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
37.1 Form 31032 (or its successor) is sent to the Plaintiffs' Counsel within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
40. The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint, and no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
40.1 The shift supervisor/administrator on duty will notify the Internal Reviewer of the restraint within 24 hours and no later than one business day. Notification will be made electronically along with the completed Form 31032 (or its successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
45. The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
45.1 Open access to the Facility, its successors, and their records is given to the Office of Ombudsman-MH/DD, The Disability Law Center and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete

46.1 The Ombudsman-MH/DD, Disability Law Center and Plaintiffs' counsel have all exercised their authority to access the Facility, its successors, and their records.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
49. Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
49.1 Each individual and/or the individual's family and/or legal representative as desired by the individual or required by guardianship is permitted, actively encouraged, and welcomed to be involved in the individual's person-centered planning and decision making to the greatest extent practicable utilizing whatever communication method the individual prefers and respecting the individual's right to choose the participants. Invitations to all planning and evaluation meetings will be extended. Alternate means of participation will be extended to those who cannot travel or attend, including phone and video conferencing.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
49.2 Each individual will be invited and encouraged to participate in and take leadership in the person-centered planning processes when this is possible and desired by the person. In all circumstances, the person-centered planning process will be engaged in for and with all individuals, with the understanding that transition and change will happen, that the people are vulnerable, and may need the alliance and support of other allies to support the process of moving forward. High quality person-centered planning, including the development of person-centered profiles, plans, and transition plans, will not be delayed or minimized by a person's perceived level of readiness to take leadership of the process, or willingness to engage in the process.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
59. Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
59.1 Facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other visitors if not contraindicated by court order or person-centered plans.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
60. 1 Facilitate all visitors access to the individual's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, with attention paid to the right of individual privacy and person-centered plans or court requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

60. Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
61. Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
61.1 Provide privacy, if desired by the individual, for all individuals when visiting with immediate family members and/or guardians, unless the person-centered plans reasonably determines this is contraindicated or visitation rules are court ordered.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
71.1 Strategically establish nine teams in 23 locations throughout the State to respond within 3 hours of a request for service. CSS admissions contacts the person's case manager as soon as they learn of a potential or actual crisis situation.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
71.2 Streamline authorization procedure to facilitate CSS' response to reported crises as quickly as possible.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
72.1 There is ongoing collaboration with the Metro Crisis Coordination Program (MCCP), whose intent is to provide a crisis safety net range of services for persons with developmental disabilities or related conditions; MCCP is a collaborative effort of seven counties in the Twin Cities metropolitan area. (metrocrisis.org)	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
72.3 Continue quarterly meetings with MCCP.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
76.1 Review position descriptions, update as necessary.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
76.2 Work with DHS Human Resources on advertising positions.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
76.3 Fill any vacancies in functionally equivalent positions, with the required qualifications. As necessary to fulfill this Comprehensive Plan of Action, fill any position.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
81. The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete

84.1 Provide current census, and identifying information, of any people living at MSH committed solely as a person with a developmental disability.	Executive Director, Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete
84.2 Provide documentation of any transition/ placement from MSH since 12/5/2011 of any persons committed solely as a person with a developmental disability. Any such transfer/placement shall be to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	Complete
86. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
86.1 All references to outdated terminology used to describe persons with Developmental Disabilities have been updated with clarification on the Departments use of people first language inserted in areas where historical documents are found. In addition to, or in lieu of, updating each webpage, DHS shall maintain the previously established "disclaimer" language to explain the presence in historical documents of outdated terminology.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
76. An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.	Director of Community Support Services (Steve Dahl)	12/31/2013	Incomplete
77. None of the identified positions are vacant.	Director of Community Support Services (Steve Dahl)	12/31/2013	Incomplete
77.1 Fill as quickly as possible and with qualified applicants all vacancies in these and other functionally equivalent positions. Provide sufficient salary, bonus and other structures and incentives to ensure that the positions are filled.	Director of Community Support Services (Steve Dahl)	12/31/2013	Incomplete
84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Incomplete
26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	Complete

26.1 All substantiated allegations of staff abuse or neglect are referred to Human Resources for human resources action in accordance with the definitions set forth under the Vulnerable Adults Act. All perpetrators will be disciplined in accordance with DHS policies and procedures and Union Contracts.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	Complete
85.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Anoka Metro Regional Treatment Center. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/11/2014	Complete
05.1 DHS will issue a memorandum to all Facility staff confirming the Department's commitment to provide services and supports which are consistent with best practices including: 1) Providing individuals with a safe and therapeutic environment which includes positive behavioral supports and training on behavioral alternatives; 2) Recognizing that restraints are not a therapeutic intervention; 3) An immediate prohibition on prone restraint, mechanical restraints, seclusion and time out; 4) The Facilities' goal towards immediate reduction and eventual elimination of restraint use whenever possible; and 5) Restraint use is permitted only when the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety; client refusal to receive / participate in treatment shall not constitute an emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
23. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of, or discontinued the use of restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
23.1 The Facility supervisor will document on the restraint form and in the resident's record, the medical officer's de-escalation strategies, the outcome of those strategies used, and whether approval was needed and/or given for continued restraint use.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
24. The consultation with the medical officer was documented in the resident's medical record.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
24.1 When conducting his/her post-restraint review, the Designated Coordinator will verify that the supervisor contacted the medical officer within 30 minutes of the emergency restraint and documented the details in the resident's medical record.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete

39. In consultation with the Court Monitor during the duration of the Court's jurisdiction, DHS designates one employee as Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	Complete
62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
63. The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
63.1 Clearly state the Facility's purpose in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / Deputy Commissioner (Anne Barry)	4/30/2014	Complete
64. The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
65. The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
66.1 Apart from any Patient/Resident Rights or Bill of Rights format which may be required by state law, an alternative version at an appropriate reading level for residents, and with clearly understandable content, will be posted and provided to individuals, parents and guardians on admission, reviewed at IDT meetings, and annually thereafter.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
70.1 Describe locations of the 9 teams that have been established in 23 locations throughout the state.	Director of Community Support Services (Steve Dahl)	4/30/2014	Complete
80. Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.	Director of Disability Services Division (Alex Bartolic)	4/30/2014	Complete

82. There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
82.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	Complete
82.2 The Jensen Implementation Team will document any proposed transition to or placement at MSH of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
83. There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Executive Medical Director for Behavior Health () / Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
83.1 The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.	Jensen Implementation Officer (Christina Baltes) / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	Complete

<p>85. All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).</p>	<p>Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)</p>	<p>4/30/2014</p>	<p>Complete</p>
<p>85.2 The Jensen Implementation Team will document any proposed transition to or placement at Anoka Metro Regional Treatment Center of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.</p>	<p>Forensics Medical Director (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen) / Central Pre-admission / AMRTC Social Services, AMRTC (Tona Willand) / AMRTC Social Services Department Supervisor (Don Burns)</p>	<p>4/30/2014</p>	<p>Complete</p>
<p>94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)</p>	<p>4/30/2014</p>	<p>Complete</p>
<p>05. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>6/30/2014</p>	<p>Complete</p>
<p>05.2. The Facility shall remove "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from all current Facility forms and protocols.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>6/30/2014</p>	<p>Complete</p>

05.3 Facility policy(s) on Emergency Interventions shall minimally include: 1) The type of emergency interventions permitted and prohibited; 2) The protocol for administering emergency interventions; 3) The authorization and supervision needed for each emergency intervention; 4) The medical monitoring required during and after each restraint; 5) The review requirements of each emergency intervention (administrative, internal and external); 6) The data collection and aggregate data review of restrictive intervention usage. The Facility policy shall separate and clearly delineate "therapeutic interventions" from "emergency restraint / interventions." Current Facility policy/procedures shall be revised to comply with these requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
05.4 All Facility staff members have received competency-based training on the policy / procedures identified immediately above.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
05.5 Competency-based training on the policy / procedures identified above has been incorporated into Facility orientation and annual training curricula.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
06. The State/DHS has not used any of the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
06.1 Facility Staff will specify on Restraint Form which emergency technique was employed, verifying that a prohibited technique was not used.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
06.2 The supervisor will review each restraint with staff by the end of his/her shift, verifying that: 1) The threat of imminent harm warranted the emergency intervention, 2) The intervention was an approved technique and no suspicion exists that a prohibited technique was used; and 3) When applicable, what immediate corrective measures / administrative actions need to be taken.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
06.3 Any/all use of prohibited techniques, e.g., prone restraints, mechanical restraints, seclusion, timeout, etc., will be investigated as potential allegations of abuse. Facility Staff are required to immediately report any suspected use of prohibited restraints / techniques to their supervisor.)	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
06.4 Reporting and review forms/procedures are revised, and utilized, to incorporate the above 6.1, 6.2 and 6.3.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete

07.1 Facility policy shall specifically forbid the use of restrictive interventions, including medical restraints and/or psychotropic/neuroleptic medication for: the purposes of punishment; in lieu of habilitation, training, or behavior support plans; for staff convenience; or as a behavior modification.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	Complete
38.1 The Designated Coordinator will review each client incident, injury and/or restraint use within 1 business day of its occurrence to: 1) Evaluate the immediate health and safety of the individual(s) involved; 2) Ensure no prohibited techniques were used; 3) Ensure all documentation and notifications were properly made; and 4) Determine what, if any, immediate measures must be taken.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
38.2 The Designated Coordinator will convene an Interdisciplinary Team (IDT) meeting within 5 business days of a restraint to: 1) Review the circumstances surrounding the behavioral emergency; 2) Determine what factors likely contributed to the behavioral emergency, i.e. life event, environmental, relational discord, etc.; 3) Identify what therapeutic interventions, including individualized strategies, were employed and why they were unsuccessful in de-escalating the situation; 4) Review and assess the efficacy of the individual's PBS plan, making changes as needed; 5) Determine if trends/patterns can be identified with this individual or this living area; and 6) Take all corrective measures deemed necessary, indicating what actions are being taken, the party responsible for taking such actions, the date by which these actions will be taken, and how the efficacy of such actions will be monitored. Documentation of the IDT meeting, including attendees, review and actions taken will be thoroughly documented in the individual's record.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete
38.3 When changes to an individual's program plan and/or PBS plan are recommended during the IDT's restraint review, the Designated Coordinator will ensure that such changes are made within 2 business days of the IDT meeting related to the restraint use.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete
38.4 A facility-based Positive Behavioral Supports Review (PBSR), comprised of both behavioral analysts and non-clinical staff, will be established and maintained for the purposes of: 1) Reviewing all positive behavioral support plans to ensure they adhere to current best practice; 2) Approving and monitoring the efficacy of all positive behavioral support plans; 3) Reviewing the use of any restrictive and/or emergency interventions, i.e. restraints, 911 calls, etc. The PBSR Committee will meet on a monthly basis.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete

38.5 The PBSR committee will maintain meeting minutes detailing attendance (person/title); chairperson; individual and aggregate data review; issues and trends identified (individual and systemic); corrective measures to be taken; dates by which such corrective measures are to be completed; responsible parties, and follow-up of the previous month's action plans.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete
48. The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete
48.1 Each individual currently living at MSHS-Cambridge, and any individuals admitted prior to its closure, will have an appropriate transition plan developed within 30 days of admission in accordance with the individual needs and preference for the most integrated setting possible . (For this purpose "admission" and "commitment" are treated the same.).	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete
48.2 For individuals who may by law or court order be required to enter more restrictive and less integrated circumstances, such as incarceration in a prison, person-centered planning and transition planning is given the same importance as voluntary admissions. All efforts will be towards preparation and transition, safeguarding, negotiating with facilities, supports while in a facility, and implementing immediate post-facility transition into well-matched supports.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete
51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Complete
51.1 For each person served at a Facility, the Person-Centered Plan will include preferred activities, areas in which the person wants to learn and grow, relationships to strengthen, and competencies to learn.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Complete

51.2 Frequent, daily opportunities will be built into daily life for each person to engage in meaningful activities that are personalized, individualized, and selected by the person. These will be activities planned with the person, and carried out in an individualized fashion. "House activities" will generally not be consistent with providing individualized, person-centered activities which the person freely chooses to engage in.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Complete
52.3 If an existing residential service is not identified or available, the appropriate services must be created, using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete
52.4 When a living situation is identified as a possibility, the individual and the support team as appropriate will have multiple opportunities to visit, meet potential house-mates, interview the staff and provider, spend time in the situation, and be given the opportunity to make a choice about the living situation, request program enhancements or adjustments, or decline the option.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete
52.5 When a discharge into an alternative living situation is agreed upon, the transition plan will be further developed and finalized. This pre-discharge iteration of the transition plan will include not only the sharing of information and documents transfers between providers, 1) An individualized plan to facilitate a smooth move; 2) Assistance to the person to navigate the move with ease, and arrange for safeguarding and transfer of the person's belongings ; 3) Planning for and making purchases for new home, ; 4) Assistance to become familiar with new neighborhood, area, town; 5) Planning for packing and move day ; 6) Personalization of new home; 7) Notification of family and friends ; 8) Post office and utility changes ; 9) Introductions to neighbors; 10) Setting up opportunities to deepen relationships with future housemates; 11) Celebrations, welcoming, and farewells; 12) Designing layout of space, window treatments, etc. These types of considerations are a part of the typical processes that valued adults in our culture when preparing to move, and these and others shall be considered.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete
52.6 The format for the transition plan will incorporate and provide for address of the elements in 52.5 above.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Complete

54.1 Facility staff in all positions receive annual standardized training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
54.2 All new or temporary Facility staff in all positions receive standardized pre-service training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
55.2 Training curricula are developed, based on, and consistent with best practices in: 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal safety techniques; and 5) Crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
55.4 DHS will ensure training programs promote sensitivity awareness surrounding individuals with cognitive and mental health disabilities and how their developmental level, cultural/familial background, history of physical or sexual abuse and prior restraints may affect their reactions during behavioral emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	6/30/2014	Complete
56. Facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
56.1 Competency-based training curriculum is developed which minimally provides 8 hours training in Therapeutic Interventions; Personal Safety Techniques and 1 hour in Medically Monitoring Restraints.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
56.2 All current employees receive 8 hours of competency-based training on Therapeutic Interventions.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
56.3 All current employees receive 8 hours of competency-based training on Personal Safety Techniques.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
56.4 All current employees receive 1 hour of competency-based training on Medically Monitoring restraints.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	Complete

57. For each instance of restraint, all Facility staff involved in imposing restraint received all the training in Therapeutic Interventions, Personal Safety Techniques, Medically Monitoring Restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
57.1 No staff member is permitted to be assigned to direct support services until having received all required orientation and/or annual inservice training on all elements of EC 56, above.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
58. Facility staff receive the specified number of hours of training: Person-centered planning and positive behavior supports (with at least sixteen (16) hours on person-centered thinking / planning); a total 40 hours; Post Crisis Evaluation and Assessment (4 hours).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
67.5 Weekly diversion meetings consider all individuals in danger of losing their living situation with an emphasis upon development of integrated alternatives where none are available.	Director of Community Support Services (Steve Dahl) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
69. Approximately seventy five (75) individuals are targeted for long term monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	Complete
69.1 CSS will identify individuals with clinical and situational complexities who have been served by CSS and who would likely benefit from more intensive monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	Complete
69.2 Seventy five individuals who are significantly at-risk for institutionalization or loss of home due to behavioral or other challenges will be identified for intensive monitoring and, if needed, intervention with additional supports and services.	Director of Community Support Services (Steve Dahl)	6/30/2014	Complete
69.3 These 75 individuals will be identified by CSS in collaboration with lead agency case managers based upon frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement. The status of these individuals will be reviewed at least semi-annually by CSS.	Director of Community Support Services (Steve Dahl)	6/30/2014	Complete
90. Provide integrated vocational options including, for example, customized employment.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
95. Residents currently at MSHS-Cambridge transition to permanent community homes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete

<p>01. The Facilities will comply with Minnesota V.L.C. The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most integrated setting to which they do not object. Each individual's program will include multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities (4) as members of the community. These community activities will be highly individualized, drawn from the person-centered planning processes, and developed alongside the individual.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>01.1 Each individual's planning processes will specifically address integration within the following life areas: (1) home; (2) work; (3) transportation; (4) lifelong learning and education; (5) healthcare and healthy living; and (6) community and civic engagement.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>01.2 Cambridge and successor facilities apply strong efforts to individualize and personalize the interior setting of the home. This includes exerting maximal feasible efforts to assist individuals to personalize and individualize their bedrooms and common areas, to make each common area aesthetically pleasing, and to actively support individuals to bring, care for, acquire, and display personal possessions, photographs and important personal items. Consistent with person-centered plans, this may include the program purchasing such items which will build towards transition to a new place to live.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>02. Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports .</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>02.1 Each individual will be involved to the greatest extent possible in the development of a person-centered profile centering on learning from the person and those who know the person best about their history, preferences, life experiences, interests, talents, and capacities among other areas within 30 days of admission. This profile will be updated and revised as more is learned over time on at least a monthly basis.</p> <p>A revised person-centered profile format will be developed from the current person-centered description to include the above areas and to include a method to note when revisions and additions are made, by whom, and in what venue (e.g., a person-centered meeting of the support team, interview, an individual update by a staff member, a phone call).</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>Complete</p>

02.2 From the understanding in the person-centered profile, a person-centered plan will be completed which includes the development of a shared vision of the future to work towards within 30 days of admission, as well as agreements and shared objectives and commitments to work towards.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
02.3 The person-centered plan will directly inform the development of the individualized program plan (or Coordinated Service Support Plan). Such plans will build on the strengths and interests of the individual, and moving towards increasing relationships, roles, and community integration in these areas of life.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
02.5 Each behavior support plan will be unique to each individual. The use of token economies, and contingent reinforcement will be used sparingly, not for punishment, and only when weighed again the potential risks to the person's image and competencies in terms of exercising personal autonomy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
02.6 Each behavior support plan will include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results, and a comprehensive functional behavioral analysis, from which strategies are derived.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete

<p>02.7 Each Functional Behavioral Analysis will include a:</p> <ul style="list-style-type: none"> a. Review of records for psychological, health and medical factors which may influence behaviors b. Assessment of the person's likes and dislikes (events / activities / objects / people) c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior; d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity; e. Review of the history of the behavior and previous interventions, if available; f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior; g. Systematic observation and analysis of the consequences following the identified behavior; h. Analysis of functions that these behaviors serve for the person; i. Analysis of the settings in which the behavior occurs most/least frequently. Factors to consider include the physical setting, the social setting, the activities occurring and available, degree of participation and interest, the nature of teaching, schedule, routines, the interactions between the individual and others, degree of choice and control, the amount and quality of social interaction, etc. j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior. <p>or shall be consistent with the standards of the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org).</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>Complete</p>
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02.8 Each positive behavior support plan will include: 1. Understanding how and what the individual is communicating; 2. Understanding the impact of others' presence, voice, tone, words, actions and gestures; 3. Supporting the individual in communicating choices and wishes; 4. Supporting workers to change their behavior when it has a detrimental impact; 5. Temporarily avoiding situations which are too difficult or too uncomfortable for the person; 6. Enabling the individual to exercise as much control and decision making as possible over day-to-day routines; 7. Assisting the individual to increase control over life activities and environment; 8. Teaching the person coping, communication and emotional self-regulation skills; 9. Anticipating situations that will be challenging, and assisting the individual to cope or calm; 10. Offering an abundance of positive activities, physical exercise, and relaxation, and 11. As best as possible, modifying the environment to remove stressors (such as noise, light, etc.).	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
02.9 The format used for Positive Behavioral Support Plans will be revised to include each of the above areas, and will be used consistently.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
04. Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
04.1 Initiate annual written survey process to all legal representatives of residents and/or family to the extent permitted by law whose individual of interest was served within the past year which solicits input on the operation of the Facility. Each survey will be in the relevant language, and will include notification that comments on Facility operations may be offered in person or by mail or telephone by contacting Facility director or designee.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
04.2 Aggregate data will be collected from survey responses received from each survey process. Facility staff will develop an action plan to outline changes which will be made as a result of survey data, and implement those changes.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
07. Medical restraint, and psychotropic/ neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	Complete
07.2 Facility policy will specify medication management protocols consistent with best practices in the support and treatment of individuals with cognitive and/or mental health disabilities.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	Complete
09. The Policy (Settlement Agreement Att. A, as it may be revised after court approval, dissemination and staff training) was followed in each instance of manual restraint	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete

09.1 As part of its data management processes, the Facility will collect, review and analyze information related to staff's adherence to restraint policy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
2.4 The person-centered plan will directly inform the development of a Positive Behavior Support Plan. Life direction, talents, and interests will be capitalized on in any planned intervention. Each behavior support plan will include teaching strategies to increase competencies and build on the strengths of the person.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
25. All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews and/or writing investigative reports will receive competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete
25.1 DHS employees having responsibility for investigative duties will receive 8 hours of continuing education or in-service training each year specific to investigative practices.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete
25.2 Each investigation will undergo a quality review by a peer or supervisor who has, at minimum been trained in the requirements set forth in this Implementation Plan.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete
25.3 The Department will maintain an electronic data management system, to track all information relevant to abuse/neglect investigations. This data management system will minimally include: 1) Incident date; 2) Report date; 3) Incident location; 4) Provider; 5) Allegation type; 6) Alleged victim; 7) Alleged perpetrator(s); 8) Injuries sustained; 9) Assigned investigator; 10) Date investigative report is completed; 11) Substantiation status; 12) Systemic issues identified and the corrective measures taken to resolve such issue; 13) Whether or not the case was referred to the county attorney; and 14) Whether or not charges were filed; and 15) Outcome of charges.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete
25.4 Allegations substantiated by DHS Licensing (Office of Inspector General) will be documented in the client's Facility record.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete

<p>41. The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.</p>	<p>Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>41.1 The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how deescalation strategies and less restrictive inteventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.</p>	<p>Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>47.2 Regarding transition planning for individuals entering more restrictive settings, the tasks under Evaluation Criteria 48 to 53 shall be fulfilled.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)</p>	<p>8/31/2014</p>	<p>Complete</p>
<p>50.1 Person-centered planning: 1) Will be started immediately upon meeting the person, before admission if possible; 2) Will be on-going; 3) Will be supported by a team of people who represent the interests of the person, if need be; 4) Without exception, and only if the person objects to the inclusion of specific people, the support team will include willing family members, case managers, current, past and future service workers, and at least one individual who is in a freely-given relationship with the person which is conflict-free. This can include a community advocate, citizen advocate, family member, or other individual who only has the welfare of the individual to consider.</p> <p>If the individual is unable or unwilling to participate, people who know about and care for the individual, with the individual's approval, will still be invited to engage in sharing their perspectives about what that positive future can be and what is needed to bring it about. This process will begin at first contact, with a first person-centered plan drawn up by day 30 after admission or 45 days from approval of this Plan.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p>Complete</p>

50.2 Each Person-Centered Plan will be enriched, altered and moved forward at least every 30 days as the person becomes better known and moves toward a new living situation. As plans for this new living situation emerge, each plan will include all activities relevant for transition to a new living situation, relevant and necessary supports to assure the person will have good success, and protections that need to be in place.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
50.3 The information from each Person-Centered Plan will be fully incorporated into each person's transition plan, Positive Behavior Support Plan, goal plans, and service objectives within any Individual Service Plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
50.6 Person-Centered Planning will include the intentional development of each support team's understanding and analysis of the individual's particular life experiences and how they have impacted the person. Themes, patterns, potential responses, and lessons should be drawn from this knowledge. Biographical timelines, or other person-centered means to capture histories and understand the person will be conducted for each person, with the collaboration of the person and family, if appropriate.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
50.7 The development of a person-centered description or personal profile will be used to develop the initial person-centered plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
50.8 The formats for the Person-Centered Plan, person-centered description or personal profile will be revised to comply with the content requirements of this CPA. The Individual Program Plan will incorporate the Person-Centered Plan. The Person-Centered Plan will be re-designed to reflect a person-centered approach and style. This will include adding: 1) The focus person's goals, interests and vision for the future; 2) The identification of any actions and plans towards achieving those goals; 3) Support to be provided and by whom; 4) Use of everyday, informal language and avoidance of unnecessary service jargon. Objectives for the Person-Centered Plan will be drawn directly from the person-centered description / profile.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	8/31/2014	Complete
52.1 Each individual's Person-Centered Plan will embody continuously increasing clarity at each revision/ development meeting on what an ideal living situation may look like for the person. These will support and describe "must haves" components which must be in place in any considered situation. This may include living situations which are not offered in existing structured services. It may also be impossible to "show" a person a service that matches their needs, even though they may select that option from several.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete

52.2 If an existing service/living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports will be added whenever appropriate to ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan. "Must haves" identified as in 52.1 are required to be in place.	Director of Jensen Implementation Office (Peg Booth) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	8/31/2014	Complete
53. The provisions under this Transition Planning Section have been implemented in accord with the <i>Olmstead</i> decision.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Complete
53.1 Any living arrangement, day service, or other service which is administered or organized in a segregated manner must be justified in writing as a part of the transition plan as being necessary. In a "segregated manner" means that the people served are all people with disabilities who have not specifically chosen to live or be served together. This justification will be accompanied by objectives to increase social and physical integration which will be included in service planning objectives and program planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Complete
53.2 All services provided and planned for, and transitioned into must be adequate, appropriate, and carefully monitored. This need for monitoring will be carefully weighed by each person-centered team and addressed. This includes services at the Facility and new living and working situations into which a person is transitioning.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
53.3 All services provided will include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. When appropriate, these areas of engagement will be envisioned by the team alongside the individual served, and opportunities will be created for this engagement in everyday life. These roles and engagements will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete

53.4 The above areas of engagement (community life, civic life, relationships, career, home, personal interests) will be included in each Person-Centered Plan as focus areas for planning and related objectives.	MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Complete
54.3 The Department will record, monitor and follow-up with the Facility administration to ensure that all facility treatment staff receive all necessary training including, but not limited to, EC 62-64, below.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Complete
55.1 All Facility staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
55.5 DHS will ensure that training programs are designed to also develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	8/31/2014	Complete
73. CSS provides augmentative training, mentoring and coaching.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
73.1 CSS Staff will offer and provide training, as requested or determined to be lacking, on coaching, mentoring and Augmentative training.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
73.3 CSS will have sufficient administrative/ managerial staff to track/analyze training as well as mentoring and coaching services provided.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
74. CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi- modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
74.1 CSS determines locations for teams and/or home-based staff. CSS creates position descriptions that identify the necessary knowledge, skills, and abilities. CSS hires or trains staff with necessary qualifications and skills to provide training.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
74.2 CSS insures that all vacant trainer positions are filled as efficiently as possible and with appropriately qualified staff.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete

74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
75. CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
75.1 CSS will mentor and develop coaches in the community with a vision to support individuals in communities.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
75.2 Track issues including frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
75.3 Provide additional administrative/ managerial support to CSS sufficient to enable timely and complete data collection, entry and analysis.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
78. Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
88. MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Complete
91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete

93. DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
50.4 All plan facilitators will have, or function under the active supervision of a staff person who has, significant experience and background in facilitation, social devaluation and its consequences, and the principles of Normalization / Social Role Valorization, person-centered thinking, and the various and vast array of useful tools and techniques which may be of use for a particular person. Any such supervisor shall co-sign and be responsible for the plan and plan process. In this manner, a thoughtful, authentic, individualized and successful planning process will result in meaningful outcomes. Evidence of use of various, individualized techniques for different individual people will be clear in the development of person-centered plans. (PATH, MAPS, Personal Futures Planning, One Page Profiles, and Helen Sanderson's Person-Centered -Thinking, are examples)	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
50. To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	Complete
50.5 An annual learning and professional development plan which includes the above areas will be developed with and for each facilitator of person-centered processes. It may include reading, research, formal, and informal training, mentoring, and development events. These learning and professional development plans will include a minimum of 25 hours per year of educational activities (formal and informal) focused on person-centered planning, and will be completed as planned. Attendance at professional conferences, in and out of state, will be supported and facilitated.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	Complete
38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	Incomplete
38.6 The Department will identify and address any trends or patterns from investigations.	MN Life Bridge Clinical Director (Tim Moore) / Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	10/31/2014	Incomplete

47. The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation, opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	incomplete
52. It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, best efforts will be utilized to create the appropriate setting or service using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	Incomplete
55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	Incomplete
55.3 Each training program (that is, 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal Safety techniques; and 5) Crisis intervention & post crisis evaluation), will be evaluated at least annually and revised, if appropriate, to ensure adherence to evidence-based and best practices.	MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	Incomplete
67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999).	Director of Community Support Services (Steve Dahl)	10/31/2014	incomplete
67.1 Community Support Services (CSS) provides assessment, triage, and care coordination so that persons with developmental disabilities can receive the appropriate level of care in the most integrated setting.	Director of Community Support Services (Steve Dahl)	10/31/2014	incomplete
67.2 Collect and manage data to track CSS interventions noted in 67.1 and their outcomes.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.3 Provide necessary administrative/ management support within CSS to accomplish data management and analysis.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete

67.4 Focus weekly "diversion" meetings to include person-centered development strategies rather than considering only existing vacancies and challenges. From this perspective: 1) Review any proposed admissions to more restrictive settings and consider all possible diversion strategies; 2) Review status of transition planning for all living at the Facility, 3) Add active, individualized planning / development focus to these transition discussions which is consistent with the <i>Olmstead</i> Plan and includes such activities as developing a person-centered request for proposals for any person or persons at the Facility without an identified and appropriate targeted home in the community.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.6 CSS has additional administrative / managerial support to insure documentation and analysis of all diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.7 CSS provides continuous and on-going diversion from institutionalization and placement in less integrated settings whenever possible by establishing procedures for assessment, care planning, and providing additional services, supports and expertise for individuals in jeopardy of losing their placements or living situations due to behavioral or mental health problems.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.8 The Department will collect and review data relative to admissions and transitions. This shall include, but not be limited to: 1) individual's name, date of birth and county of origin; 2) current residence, provider and type of residential setting, e.g., independent living, family of origin, group home, ICF/ID, etc.; 3) date the individual moved to or was admitted to current residence; 4) previous residences, providers and residential settings; 5) dates of previous admissions and transitions including reason(s) for moves.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
68. The Department identifies, and provides long term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete
68.1 For DHS-operated services, the Department will maintain State and regional quality assurance committees to review data on a monthly basis. This review will include: 1) identifying individuals at heightened risk and determining intervention strategies; 2) reviewing data by county, region and provider to determine if trends or patterns exist and necessary corrective measures; and 3) maintaining meeting minutes detailing attendance (person/title), chairperson, individual and aggregate data review, issues and trends identified (individual and systemic), corrective measures to be taken, dates by which such corrective measures are to be completed, responsible parties, and follow-up of the previous months' action plans.	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete

68.2 The Department will maintain an electronic data collection system which tracks the status of all corrective action plans generated by State and regional quality assurance committees, following up with the appropriate provider or county to ensure task completion.	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete
70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
70.2 Provide CSS with administrative / managerial support for the 9 teams to insure sufficient data collection and central data management	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
72.2 Each county, and tribe as relevant, will have a system of locally available and affordable services to serve persons with developmental disabilities.	Director of Community Support Services (Steve Dahl)	10/31/2014	incomplete
79. The State and the Department developed a proposed <i>Olmstead</i> Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999). The <i>Olmstead</i> Plan is addressed in Part 3 of this Comprehensive Plan of Action.	<i>Olmstead</i> Subcabinet (Mike Tessneer)	10/31/2014	Incomplete
89. Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)	10/31/2014	incomplete
96. Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	Incomplete

98. DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014 Note: Extension being requested	Incomplete
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Part II. Modernization of Rule 40

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
100. ¶2 Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC ___ below.	Director of Disability Services Division (Alex Bartolic)	5/31/2014	Complete
100. ¶3 If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	5/31/2014	Complete
102. ¶2 Not later than (30) days prior to public notice of the content of the Proposed Rule, the Department shall provide a draft of the rule to Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities for review and comment and, if requested by any of these entities, for discussion in a conference prior to public notice of the content of the Proposed Rule. The Department will share with these entities the intended final content not later than five (5) days prior to the public notice.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	10/15/2014	Incomplete
099. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead</i> v. L.C., 527 U.S. 582 (1999)."	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Incomplete

100. ¶1 Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by December 31, 2014 propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Incomplete
101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision. In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	Incomplete
100. ¶4 By August 31, 2015 , the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	8/31/2015	Incomplete
102. ¶1 The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its <i>Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013)</i> . During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	8/31/2015	Incomplete

<p>103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the <i>Olmstead</i> Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the <i>Olmstead</i> Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the <i>Olmstead</i> Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.</p>	<p>Plaintiffs' Class Counsel, Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities</p>	<p>9/30/2015</p>	<p>Incomplete</p>
<p>104. The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.</p>	<p>Director of Disability Services Division (Alex Bartolic)</p>	<p>12/31/2015</p>	<p>Incomplete</p>

Fourth Compliance Update Report
September 15, 2014

This is an update on the closure of MSHS-Cambridge and its replacement with community-based services, as required by the Court's Orders of August 28, 2013, Dkt. No. 224 and March 12, 2014, Dkt. No. 284.

The entire first narrative, with subsequent updates, is included below.

UPDATE 9/15/2014

Please note the format of this report has been modified. Updates are now located directly beneath the applicable section of the original 4/11/2014 Update Report text.

I. Court Orders

In its Order of August 28, 2013, this Court required the Comprehensive Plan of Action to separately include information regarding the replacement of the Cambridge facility with community-based services. The Court specified: “(a) a timetable for all tasks and activities; (b) identification of resources to be reallocated to the community services, including funding and staffing for such services; (c) the nature, quantity and location of the community-based services (residential and non-residential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained; and (d) a description of the mechanisms through which the DHS will carefully track and monitor the replacement process.” Order of August 28, 2013, Dkt. No. 224, para. 3.

In its Order of March 12, 2014, this Court required the first update to “include a revised narrative and the additional information for the MSHS-Cambridge closure and replacement” required by the Order of August 28, 2013.

This report is submitted in response to those Orders.

II. Minnesota Life Bridge

MSHS-Cambridge is transitioning to Minnesota Life Bridge (“MN Life Bridge”), a community-based program, with mobile support services for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety. The supports provided are community based and are intended to be in line with Olmstead principles, the Jensen Settlement Agreement, and the Comprehensive Plan of Action. As a community based program, Minnesota Life Bridge will be able to provide a more integrated service model with greater emphasis on person centered programs, positive behavioral supports, and more rapid transition to the most integrated settings in communities of choice. The mission statement for Minnesota Life Bridge is, “Successful Transition to a Successful Life.” [?](#)

On March 4, 2014, MSHS – Cambridge stopped accepting admissions and MN Life Bridge began accepting them. The eligibility and admission criteria, however, have not changed. Currently, five individuals remain at MSHS-Cambridge. All will move to integrated settings within the next several weeks. After the last individual leaves, MSHS-Cambridge will wind down its affairs and, it is expected by August 31, 2014, it will cease to exist as an entity.

UPDATE 5/11/2014

DHS Bulletin 14-76-01 Transition of Minnesota Specialty Health System (MSHS) – Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services, was issued on April 29, 2014. It was sent to County Directors, Social Service Supervisors and Staff, State Court Judges, County Attorneys, Advocates, consumers, legal representatives and families, and posted on the DHS bulletins webpage and in listservs.

Five individuals remain on the Cambridge Campus. In the next three weeks, three of them will transition to their newly chosen homes and communities within three weeks, and the remaining two people continue to develop and refine their transition plans. One had a set-back resulting in his not being able to return to his previous community and home due to issues with roommates and concerns over negative relationships. Another opportunity in a city close to other family he prefers is under review with him as he had expressed interest and preference.

The individual in the Stratton Lake Community Based Treatment home is engaged in transition planning with her family and team. They are hoping to find her a desirable setting in or around Kanabec County where her family lives and where she grew up. She is exploring future employment opportunities that might be available there as well.

UPDATE 7/15/2014

As of June 30, 2014, one individual remains at the MSHS-Cambridge Campus. He is slated to move to his own home in the Brainerd area in July or August 2014 so he can be closer to his sisters. There were numerous unexpected complications to overcome in the planning for the man's transition. The Jensen Implementation Office, MSOCS (the provider for residential and vocation supports), and MN Life Bridge administration and clinical team have spent scores of hours working to resolve obstacles.

UPDATE 9/15/2014

The last person transitioned out of MSHS-Cambridge on 8/29/14, and moved to his own home in the Brainerd area. Notice was given to DHS and MDH Licensing prior to that date that the effective date of closure of MSHS-Cambridge was August 30, 2014.

A. Timetable for All Tasks and Activities:

The timetable for tasks and activities regarding replacement of MSHS-Cambridge with community-based services may be found in the Comprehensive Plan of Action (CPA), Evaluation Criteria (EC) 88-96, filed herewith.

In addition, activities and timelines are noted below.

B. Identification of Resources to be Reallocated to Community Services, Including funding and staffing:**1. Funding**

Approximately \$4.2 million has been appropriated to MSHS – Cambridge through FY 2014, ending June 30, 2014. DHS has budgeted revenue of \$4.2 to MN Life Bridge in FY 2015 and also to fund the MN Life Bridge program. As more fully described below, there are currently two treatment homes beginning operations with two more treatment homes under development. The projected revenue sources for each home derive from budget appropriations and Medicaid waived services, in an amount projected to be up to \$1.14 million annually for each home. Because waived services are paid as fee-for-service, the actual revenue may be higher once the treatment homes are opened and serving clients.

In addition to the appropriated amount for FY 2014, State Operated Services has funded the start-up costs for the two new MN Life Bridge treatment homes. Those costs included initial leasing, remodeling, furnishing, and decorating the treatment homes.

UPDATE 5/11/2014

We are waiting for legislative approval of the funding.

UPDATE 7/15/2014

For the Therapeutic Follow Up Project, the 2014 Minnesota Legislature appropriated \$900,000 for SFY2015, and \$800,000 annually for SFY 2016 and SFY 2017.

UPDATE 9/15/2014

Funding and budgets for Minnesota Life Bridge are in place for \$4.4 Million of appropriations for specialty services, mobility, clinical supports, state-wide development, and administrative needs for FY 2015.

- \$910,000 is set aside for the Successful Life Project (formerly referred to as Therapeutic Follow Up, from EC98).

\$2.3 Million is projected to be captured in services for individuals in the community based homes through Medical Assistance Waiver programs.

The total available funds will be more than \$7 Million.

2. Staffing

MSHS – Cambridge is licensed to serve up to 16 people. For this capacity, MSHS – Cambridge had 45 – 50 direct support professional staff.

MN Life Bridge has two treatment homes beginning operations and two more treatment homes under development. Together, these four treatment homes will be licensed to serve 15 people.

MN Life Bridge is designed to have up to 61 full-time-equivalency (FTE) direct support professional staff. This is a greater number than at MSHS – Cambridge because MN Life Bridge staff will also provide mobile support services. However, since the MN Life Bridge treatment homes and mobile support services are not yet fully developed, MN Life Bridge does not currently have 61 FTE direct support professional staff.

MN Life Bridge administrative staff are currently located at MSHS–Cambridge and now oversee the MSHS – Cambridge campus, the two new treatment homes, the development of two additional treatment homes, and the creation of our mobile support services. Our organizational chart below depicts the current administrative structure of MN Life Bridge.

In addition, some MSHS – Cambridge direct support professional positions have changed to reflect the change in duties from providing care at MSHS – Cambridge to providing support in community settings. For example, the former Unit Supervisor positions are now Community Residential Supervisor positions, which provide supervision of dispersed staff and programs in the community. Also, several MSHS – Cambridge direct care staff have been redistributed to the two new MN Life Bridge treatment homes. Some staff continue to work at MSHS – Cambridge to provide support to the five individuals who remain there. As the transition from MSHS – Cambridge to MN Life Bridge proceeds, some staff may choose to retire or seek reassignment to another Direct Care and Treatment program. In those cases, new staff will be hired to fill vacancies. During the transition period from MSHS – Cambridge to MN Life Bridge, an Assistant Group Supervisor and some additional staff have been assisting MN Life Bridge. These staff will move to other parts of Direct Care and Treatment once the MSHS – Cambridge campus closes. As the two new treatment homes are developed and accept individuals, MN Life Bridge will hire staff for those treatment homes.

UPDATE 5/11/2014

Staff who have and will be moving to the community homes have had 2 days of training to introduce them to community based services. Hands-on training will begin on May 1, 2014 to enhance the staff application of Positive Behavioral Support Interventions both on the MSHS-Cambridge campus and in the community treatment homes.

UPDATE 7/15/2014

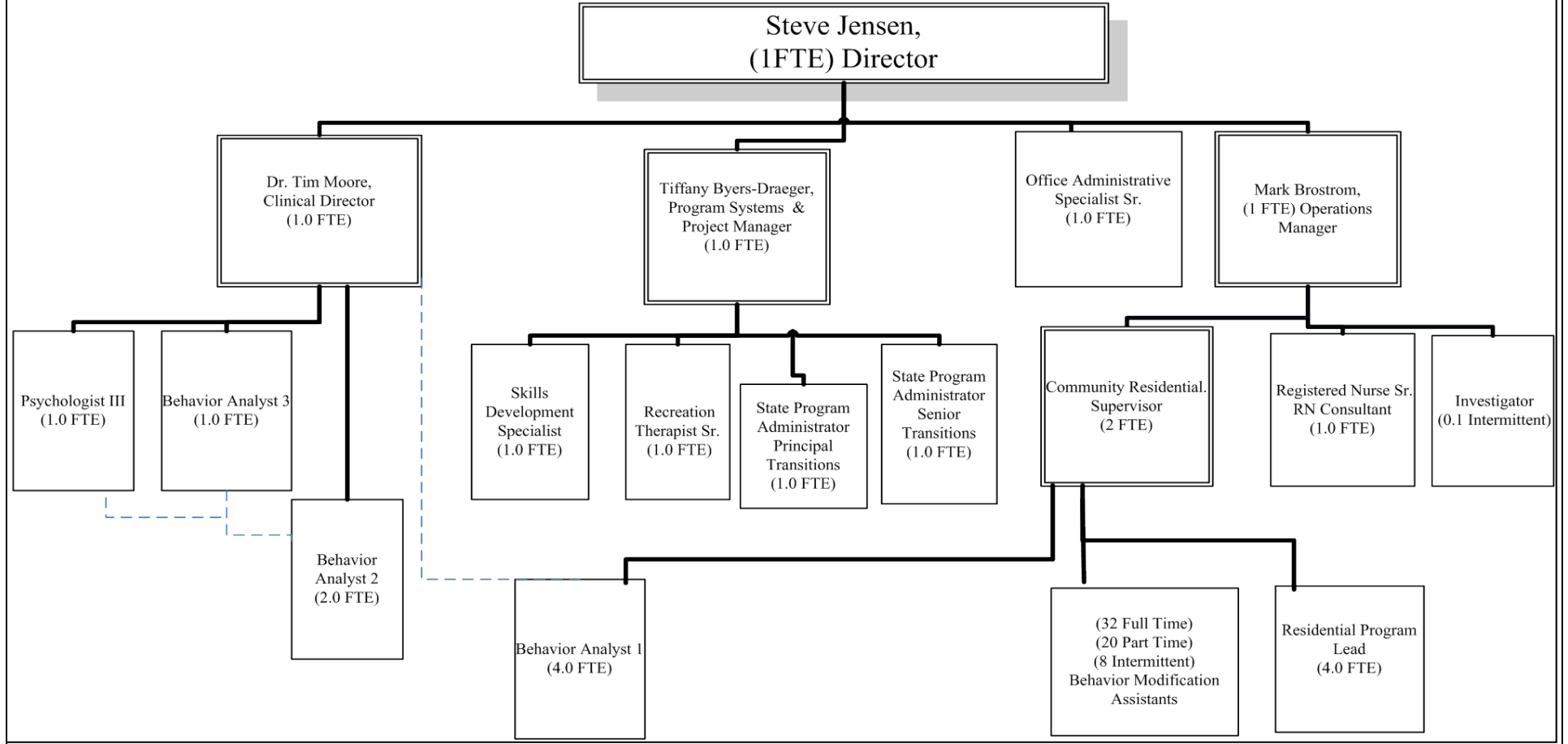
During recent months, MSHS-Cambridge administration has monitored staffing on a daily basis. Several staff who worked on the campus had transferred to other positions in the department or retired due to the Memorandum of Understanding (MOU) worked out with labor partners. At least four staff had taken unexpected leaves due to family or personal issues. An additional MOU was created in June to enable people who had worked on the campus and were trained to work for MN Life Bridge to help bolster staffing. In addition, clinical and management staff have been working shifts to support the staff as well. As individuals transition to their new home the staffing becomes easier.

UPDATE 9/15/2014

Some staff continued to work at MSHS-Cambridge through its closure before being deployed to work at a community home. Staff at Stratton Lake have been effective with good retention. Several staff who had been assigned to or chose to work at the Broberg's Lake home were available to work at the Stratton Lake home because there were no people receiving services at Broberg's Lake during this reporting period. [Note: Union contracting required different work units at MSHS-C and the community homes, so staff could not be deployed in both settings.] Three individuals are retiring and hiring is underway to replace them and to add additional DSPs for local and mobility staff development. MN Life Bridge is currently posting and hiring for at least 14 new DSP positions. The new Successful Life Project (SLP) team is being formed. Interviews are underway for 5 Board certified BA3 positions, and interviews have been completed for the RN position on that team. Interviews have begun for the Information Coordinator position, which will integrate and synthesize program information for better use of data and its organization and accessibility.

Minnesota Life Bridge**Administration**

Organizational Chart March 2014



C. The nature, quantity and location of the community-based services (residential and non-residential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained:

MN Life Bridge will provide crisis stabilization, transition, and supportive services in the most integrated setting. MN Life Bridge is designed to: 1) provide temporary housing and transitional support to individuals without a home; 2) prevent individuals from having to leave their current home; and 3) support individuals in the community once they have left a MN Life Bridge treatment home. MN Life Bridge provides community based supports for individuals at its treatment homes and community mobile support services.

I. MN Life Bridge Treatment Homes

a. Nature

MN Life Bridge treatment homes are designed to: 1) provide temporary housing and treatment support as close as possible to an individual's preferred home, family, friends and job; and 2) to support an individual's transition from MN Life Bridge to the most integrated setting appropriate to his or her needs.

b. Quantity and Location

Both Stratton Lake and Broberg's Lake are in the Cambridge area. In addition to these locations, MN Life Bridge is developing treatment homes in northeastern Minnesota and in the west or south-metro area. MN Life Bridge has a goal of acquiring a site in northern Minnesota (tentatively called "West Arrowhead") by July 1, 2014, with licensing to occur by September 1, 2014. In addition, MN Life Bridge has a goal of acquiring a west or south-metro area site by September 1, 2014, and to license it by November 1, 2014.

2. MN Life Bridge Mobile Support Services

A core service is to divert individuals from needing out-of-home placement by providing supports to avert crises. To this end, over the next several months, MN Life Bridge will devote important management and clinical resources to developing mobile support services. In coordination with Community Support Services (CSS), Minnesota Life Bridge has already dispatched clinicians to individuals in their community homes to provide supports. Early experiences have been mixed, with some success and some lessons learned about what is necessary to collaborate for best results.

UPDATE 5/11/2014

A current effort involving mobility staff is one where MN Life Bridge is engaged with an individual from southwestern Minnesota who is a class member and who received a discharge notice from a community provider who has supported him for nine years. MN Life Bridge has teamed up with DHS Disability Services Division, the county, and CSS to meet with the provider and find out more about their decision, and to explain what supports may be available to assist them in managing their concerns. Once this review of the provider's status is complete, MN Life Bridge wishes to connect with the family and the rest of the team to help figure out how to support the man so he may stay in his long time home and with his long time staff.

UPDATE 7/15/2014

MN LB continues to have success in helping individuals maintain their community based placements by redirecting people to more appropriate services and by providing additional clinical supports as in the case discussed in the May 11, 2014 update. In that case a plan is in place to allow the individual to stay in his permanent community home. Implementation of a new FBA and Positive Support Transition Plan, and a PCP planning process has also begun involving the person and his whole team.

UPDATE 9/15/2014

Strong efforts at diversion continue from MnLB. During this period there were people directly diverted from needing admission to MN Life Bridge and they were either supported in their current homes or referred to a more appropriate setting for supports they needed.

To date this work has been done primarily by clinical staff or designated coordinators. The intention now is to add DSP staff who can perform additional direct support program functions going forward as we mature and gain presence in other parts of the state.

There were 5 individuals served by MN Life Bridge in the last reporting period (July and August 2014) and all were served in the Stratton Lake home.

- One person remains there from when it opened on March 4 and she is ready for community placement as soon as the community provider develops her home in which she will live alone with supports.
- One person was present for three weeks and after a period of good adjustment returned to her home community, after several trips to her home including a business trip and stay at a hotel so she could train her new staff and facilitate her transition plan. It went well, though there has been a setback due to threats she made about staff's families. MN Life Bridge and DHS Counsel are working on resolution so she can continue to be in the community.
- Three individuals came into the facility in July over the course of about ten days.
 - One is ready for discharge and should move soon.
 - One has had solid progress and the county is beginning it transitions planning with possible providers.
 - The third person has a dual diagnosis and was suicidal; he was admitted to a Twin Cities hospital to help him stabilize medically and he will probably return to Mn Life Bridge.

Among those who have discharged from MN Life Bridge during the prior reporting periods, most are thriving. In one case the provider has had trouble sticking to the transition plan, though it is reported they have done better more recently with the help of the MN Life Bridge team. CSS is involved with most of the individuals who have been served at MN Life Bridge.

The last person in the MSHS-Cambridge program moved to his own home which he found and rents, and has visiting staff in the Brainerd area. He is an avid fisherman and he can walk or bike to fish any time he wishes. He is interested in finding work and had an interview while still at MSHS-Cambridge. Though he did not get the job he appreciated the practice of the experience. He is interested in custodial work. Since moving on 8/29/2014 there are no reports of significant behavioral incidents and the provider appears to be following the transition plan. This individual chose his home, and interviewed and chose his staff. He facilitates his own meetings (which is sometime difficult as team members have to change old habits of "power over". He presented a power point training of his PCP profile. Three clinical staff from MN Life Bridge are rotating visits to his home to assure two to three visits a week. This ensures crossover in the transition work to assure fidelity from the staff and to assist in any adjustments that may need to be made at the individual's or team's recommendation.

a. Nature

MN Life Bridge mobile support services are intended to serve individuals in their current setting. MN Life Bridge mobile support services can provide auxiliary service supports, consultation, mobile teams, and training to the individual and those supporting the individual in his or her own home, family home, group home, work place and throughout the community as quickly as possible to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to a more restrictive setting, and to maintain the individual in the most integrated setting. These services will be provided in collaboration with the Community Support Services (CSS) and other crisis services that are augmentative.

b. Quantity and Location

MN Life Bridge is working with the DHS Disabilities Services Division to seek data that will help project how many individuals might need our mobile support services and what kind of activity is expected regionally across the state. MN Life Bridge intends to provide mobile support services to anyone who is eligible and requires the service.

UPDATE 5/11/2014

MN Life Bridge Administration has a first meeting set with DSD staff to review their data and see how it may be sorted or extended to help with resource location decisions.

UPDATE 9/15/2014

Ideally, MN Life Bridge hopes to be able to have staff deployed in such a way so that support can go to any part of the state. To date diversion activity has occurred in regions around Minnesota near Duluth, Brainerd, Moorhead, Worthington, Mankato, Rochester, Fulda, the Twin Cities and the Iron Range.

This remains an active objective that will be completed before the development and operation of the next two homes, planned for northeast Minnesota and the Twin Cities.

D. Mechanisms through which DHS will carefully track and monitor the replacement process:

DHS has monitored and continues to monitor and track the transition from MSHS – Cambridge to MN Life Bridge through the following mechanisms:

1. Logistics

During the key time of development of the community based alternatives in Isanti County a DHS Repurposing Committee met weekly to review all development needs including: personnel, labor, public policy, communications with local leaders and citizens, legal concerns, licensing, property acquisition and financial questions. The committee met almost every week from mid-September, 2014 through mid-March 2014 and included the DHS Deputy Commissioner, Human Resources Director, Communications Director, Legislative Director, the MN Life Bridge Director, and others. A Gantt chart served as a tool to track and monitor the replacement process.

Upon entering key phases of future home development, the committee will reconvene to guide the development in the same manner.

2. Financial

Tracking budget and financial information for the replacement process is a core responsibility for DHS at every level. Annual budgets are created by MN Life Bridge, in processes overseen by the Deputy Commissioner, DHS Finance, and others throughout the administration based on the budgets authorized by the Legislature and approved by the Governor. Detailed financial information is available and monthly financials are produced for review by supervisors, managers, and administrators to assure proper application of revenue and expenses and to note potential problems and address them. For MN Life Bridge, a budget is submitted for each site and each budget is together in a rollup for the whole organization.

3. Individuals we serve

A Census is recorded daily for both MSHS-Cambridge and individual MN Life Bridge treatment homes. As MN Life Bridge treatment homes and mobile support services extend across Minnesota, census will be tracked and updated. In addition, we hold weekly diversion meetings to assess and track individuals who could potentially need our services.

UPDATE 9/15/2014

This objective of replacing the MSHS-Cambridge program was completed on August 30, 2014 when the campus no longer supported individuals with DD and the licenses were discontinued upon the department's and MN Life Bridge's request. Community licenses and designation have been and are in force and MN Life Bridge is compliant.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

The information in this Fourth Compliance Update Report is accurate and complete to the best of my knowledge and belief.

Affirmed and submitted to the Court and to its Court Monitor.

By:



Signature

Margaret Fletcher-Booth

Printed Name

Director, Jensen Implementation Office

Title

For the Defendants and the Department of Human Services

Date 9/15/14

Jensen v. Department of Human Services, No. 09-cv-1775 (D. Minn.)

Comprehensive Plan of Action

**DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT:
EXHIBITS**

Bi-monthly Data Covering July 1 through August 31, 2014

Filing Date: September 15, 2014

INDEX OF EXHIBITS

Terminology disclaimer: The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within this report or its exhibits, the Department does not endorse these terms.

Number	Sealed	Title
113	yes	Plans for individual at MSHS-C
114	yes	Plans for individual at MnLB Stratton Lake
115	yes	Plans for individuals recently admitted to MnLB Stratton Lake
116	yes	Plans for individual transitioned from MnLB Stratton Lake
117	yes	Plans for residents of ECMSOCS
118	yes	Outside Investigator Report #1
119	yes	Outside Investigator Report #2
120	yes	Peer Reviews of Outside Investigator Reports
121		Training Tracker as of 08312014
122		Revised Procedure 15876
123		Revised Procedure 15895
124		Correspondence to remove MSHS-C licenses

Fourth Compliance Update Report

INDEX OF EXHIBITS

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UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBIT 113 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

This document is a placeholder for the following item which is filed in conventional or physical form with the Clerk's Office:

Exhibit 113 to Defendants' Fourth Compliance Update Report (filed under seal)

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason:

- ☐ Voluminous Document* (Document number of order granting leave to file conventionally: ____)
- ☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- ☐ Physical Object (description):
- ☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media
- ☒ Item Under Seal pursuant to court orders* (Pursuant to Protective Orders Doc. Nos. 57, 114, 190, 239)
- ☐ Item Under Seal pursuant to the Fed. R. Civ. P. 52 and Fed. R. Crim. P. 49.1 (Document number of redacted version: ____)
- ☐ Other (description):

*Requires Judicial Approval

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
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Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBIT 114 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

This document is a placeholder for the following item which is filed in conventional or physical form with the Clerk's Office:

Exhibit 114 to Defendants' Fourth Compliance Update Report (filed under seal)

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Plaintiffs,

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Minnesota Department of Human
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Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBIT 115 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

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Exhibit 115 to Defendants' Fourth Compliance Update Report (filed under seal)

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Plaintiffs,

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Minnesota Department of Human
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**PLACEHOLDER FOR
EXHIBIT 116 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

This document is a placeholder for the following item which is filed in conventional or physical form with the Clerk's Office:

Exhibit 116 to Defendants' Fourth Compliance Update Report (filed under seal)

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DISTRICT OF MINNESOTA

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Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

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Minnesota Department of Human
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Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBIT 117 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

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Exhibit 117 to Defendants' Fourth Compliance Update Report (filed under seal)

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UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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Minnesota Department of Human
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Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBITS 118, 119, 120 TO
DEFENDANTS' FOURTH
COMPLIANCE UPDATE REPORT**

Defendants.

This document is a placeholder for the following items which are filed in conventional or physical form with the Clerk's Office:

*Exhibit 118, 119, 120 to Defendants' Fourth Compliance Update Report
(filed under seal)*

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(Document number of redacted version: ____)
- ☐ Other (description):

*Requires Judicial Approval

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Adele Hepburn	4/11/2012											
Amanda Helmin	4/10/2013											
Amber Maki	12/4/2013	6/11/2014		8.00	1/17/2014	24.00			5/1/2014	12.00		
Ben Gillespie	7/3/2013											
Brian Kassa	6/26/2006	6/24/2014		8.00								
Catherine Mattson	9/1/1999											
Char Villnow	12/13/1995	6/24/2014		8.00								
Chris Jones	4/1/1996	6/26/2014		8.00								
Christabel Pendie	10/9/2013											
Clay Campion	12/2/2002	6/24/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Dana McIntyre	12/13/1995	6/24/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Dave Hicks	12/13/2995	6/11/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
David Haas	4/1/1996	6/24/2014		8.00								
Dawn Thomas	11/30/1998											
Dayne Fore	1/24/2007	6/11/2014		8.00	1/17/2014	24.00						
Dennis Aronson	8/8/2007	6/26/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Doni Lamoreaux - LOA	6/26/2006											
Dustin Stradal	6/18/2012	6/12/2014		8.00	1/17/2014, 5/1/2014	32.00			5/1/2014	4.00		
Dylan Jenniges	6/6/2012	6/26/2014		8.00								
Ed Jabs	12/13/1995											
Elizabeth Harris	4/30/2012	7/29/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Elizabeth Klute (LOA)	1/31/2005											
Gina Johnson	12/13/1995	6/26/2014		8.00								
Heather Hauri	4/15/2002	2/6/2014	6/26/2014	16.00								
Jane Mell	12/13/1995	6/26/2014		8.00								
Janet Marciniak	9/25/2002	6/26/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Jeamse Peterson	11/1/2013	6/24/2014		8.00	1/17/2014	24.00			5/1/2014	4.00		
Jennifer Reitmeier	4/10/2013											
Jesse Gillespie (LOA)	10/31/2005											
Jill Jones	6/22/2011	6/12/2014		8.00	5/1/2014	8.00	4/9/2014	1.00	5/1/2014	4.00		
Judy Carda	12/13/1995	6/11/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Judy Roehl	8/15/2001	6/12/2014		8.00	5/1/2014	8.00			5/1/2014	4.00		
Kathleen Carlson	9/27/1999	6/24/2014		8.00								

Ken Carlson	4/10/2013		CASE 0:09-cv-01775-DWF-BRT Document 342-8 Filed 09/15/14 Page 2 of 2							5/1/2014	4.00		
Kendra Cline	1/16/2000	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Kevin Morgan	12/13/1995	6/26/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Lavonne Sorenson	4/17/2000	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Maria Corpuz	10/9/2013												
Maridy Nordlum	12/13/1995	6/12/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Mark Brostrom	5/8/2013	6/11/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Mary Lancrain (work comp)	12/13/1995												
Matt Johnson	4/7/1999	6/26/2014		8.00									
Michael Lawrence	1/7/1998												
Mitch Becker	12/13/1995	6/26/2014		8.00									
Othello Somwarbi	11/6/2013	5/5/2014		8.00	/17/2014 & 5/6/2014	27.00							
Penny Hedlund	12/13/1995	6/11/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Perri Prigge	11/30/1998												
Richard Bell	7/15/2002	7/29/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Ron Flaherty	11/28/2002	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Sekou Sombai	4/10/2013												
Stacey Sjostedt	2/21/1996	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Stacy Danov	12/4/2013	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Stephanie Jensen	4/29/1998	6/11/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Steve Hiebert	8/23/2006	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Steve Jensen	1/5/2011			NA		NA		NA			NA		NA
Susan Peterson	12/13/1995	6/12/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Tiffany Byers-Draeger	5/8/2013	6/24/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Tim Moore	5/20/2013	7/28/2014		4.00	NA	NA				NA	NA		
Will Coyle	11/30/2011	6/26/2014		8.00	5/1/2014	8.00				5/1/2014	4.00		
Yvonne Lee	12/13/1995	6/12/2014		8.00									
Stacey Brown (temp reassign)	7/1/2012	6/17/2014		8.00				4/9/2014	1.00				

Effective Date: September 11, 2014

Procedure Number: 15876

Minnesota Life Bridge

INDIVIDUAL CARE

SAFE MEDICATION SET-UP, ASSISTANCE AND ADMINISTRATION

DCT REFERENCE POLICY NUMBER: 6370**DEFINITIONS:**

Medication Administration: The process of administering medications and treatments to the individual, documenting in the medication record and reporting to the prescriber or a nurse any concerns about the medication.

Medication Set Up: The arranging of medication according to instructions from the pharmacy, the prescriber or a licensed nurse for later administration.

Medication Assistance: The process of providing assistance to the individual in a manner that enables a person to self-administer medication or treatment, when the person is capable or the person's legal representative is present and capable of directing their care.

Medication Administrator: Registered nurse, licensed practical nurse, staff who have successfully completed an approved training course in medication administration.

MAR: Medication Administration Record.

Training Course for Unlicensed Medication Administrators: A training curriculum developed by a Registered Nurse with an observed skill demonstration conducted by the trainer. This training is required within 60 days of hire, annually or as clinically indicated and will include a review of this procedure. Staff who demonstrates a pattern of difficulty with safe and accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.

Written authorization: Authorization for Medication and Treatment Assistance-DHS# 6843 will be obtained at service initiation, to set up, assist and administer medications or treatments, including psychotropic medications.

Medication Minder (medi-minder): A device for retaining medications in an organized manner to facilitate self-administration of medications.

Self-Administration of Medications (S.A.M): A program designed by the Support Team and based on a screening of the individual's capability which provides the individual with the appropriate level of assistance to self-administer his/her medications.

Support Team: The service planning team directly involved with the individual receiving supports. The Support team is comprised of the individual receiving supports, the Case Manager, Legal Representative, Designated Coordinator, Designated Manager, Direct Support Staff, and Transition Coordinator. The expanded Support Team consists of licensed health care providers including RN Consultant, psychiatrist and other specialist referrals.

Chemical Restraint: Administration of a drug or medication when it is used as a restriction to manage the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition.

Coordinated Service Support Plan (CSSP): Is the scope of services to be provided by the license holder in order to support the individual's daily needs and activities. This includes the individual's desired outcomes and the supports necessary to accomplish them along with their preference for how the services and supports are provided.

Coordinated Service Support Plan Addendum (CSSPA): The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes based from the CSSP. The information is assessed and determined by the individual served and/or legal representative and case manager and other members of the support team.

Direct Support Staff/Staff (DSS): Employees of the license holder who have direct contact with the individual served by the program.

Designated Coordinator (DC): A professional staff that has oversight responsibilities that are listed in section 245D .081 for the coordination of service delivery and evaluation for each individual served by the license holder as identified in subdivision 2.

Designated Manager (DM): A professional staff that has the responsibilities that are listed in section 245D .081 for program management and oversight that includes evaluation of the program quality and program improvement for services provided by the license holder.

RESPONSIBILITIES:

RN Consultant/Designee: Oversight of medication management providing staff training and evaluation of staff competency.

Designated Manager/Designee: Ensure implementation of this procedure; communicate with RN Consultant as needed.

Approved Medication Administrator: Competently administer medications or provide medication set up and/or assistance as assigned in the individuals Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum and in accordance with this procedure and other medication related procedures.

PROCEDURES: General requirements

- A. Minnesota Life Bridge treatment program residences are responsible for meeting health service needs including medication-related services of individuals as assigned in the individual's Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum.
 1. Individuals served will be encouraged to participate in the process of medication set-up, assistance and administration to the fullest extent of their abilities, unless otherwise noted in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum.
 2. Prior to administering an individual's medications staff are required to have successfully completed a training course on medication administration including demonstrating competency in all aspects of medication administration including specific instructions related to the individuals service needs that are described in the individual's CSSP.
 3. Written authorization will be obtained from the individual served and/or legal representative to set up, assist, and administer medications or treatments, including psychotropic medications. Authorization will be renewed annually using- DHS# 6843 Authorization for Medication and Treatment Assistance- and DHS 3649 Psychotropic Medication Informed Consent. If authorization by the individual served and/or legal representative is refused, MSHS-Cambridge will not administer the medication or treatment. This refusal will be

expediently reported to the individual's prescriber and staff will follow any directives or orders given by the prescriber.

4. Any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the individual refusing the medication or treatment as prescribed must be reported as instructed by the prescriber and to the legal representative and case manager as indicated in the CSSPA. Adverse reactions must be immediately reported to the prescriber.
5. Any concerns or discrepancies with medication orders or medications received from the pharmacy will be immediately communicated to the pharmacy and/or prescriber and instructions followed.
6. The Designated Manager/Designated Coordinator and RN Consultant will be notified of any concerns or discrepancies regarding medication orders, medications received, and medication set-up, assistance or administration.

B. Medication Set Up:

1. When setting up medication for later administration, staff will follow written instructions provided from the pharmacy, prescriber or licensed nurse. These written instructions from the prescriber can include a prescription label or the prescriber's written or electronically recorded order for the prescription.
 - a. Setting up medications for individual leaves away from home.
 - (1) If the individual is using a medi-minder to self-administer his/her medications:
 - (a) the medi-minder will be labeled with the individual's name, the dates that the medication is set up for and initialed by the person setting up the medication.
 - (2) If the individual is not using a medi-minder the medication administrator will set up a supply of medications for the duration of the visiting envelopes and will label the envelopes as follows:
 - (a) The individual's name
 - (b) Medication name and dosage
 - (c) Route of administration
 - (d) Date and Time to be given
 - (e) Any special directions for administration
 - (f) Initials of staff who prepared the medication
 - (g) Phone number of the residence and pharmacy.
 - b. All medications to be administered at one time shall be placed in one envelope. Topical, liquid or vials of medications shall be sent in their original container.
 - c. Staff will document the following information on the reverse of the individual's medication administration record:
 - (1) Start and end dates that medication is set up.
 - (2) Name and dosage and route of medications set up.
 - (3) Staff signature, date and time.
 - (4) Write "S" in all spaces on the front of the MAR that the medication has been set up for.
 - (5) Document the above on DHS # Overnight /Day Pass form together with any special instructions and the person to whom the medications have been given to.
 - (6) Send a copy of the Overnight /Day Pass form, the individual's medication record and DHS # 5656A Medication/Treatment Profile including any special instructions will be sent with the individual

C. Medication Assistance:

1. There may be occasions when Minnesota Life Bridge treatment program is also assigned

- responsibility for medication assistance to enable an individual served to self-administer medication or treatments, when the individual is capable of directing their own care or when the individual's legal representative is present and able to direct care for the individual.
2. Standards regarding obtaining written authorization and staff training on medication administration in this procedure apply for medication assistance as they do for medication administration.
 3. If medication assistance is assigned in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum, staff may:
 - a. Bring to the individual and open a container of previously set up medications, empty the container into the individual's hand, or open and give the medication in the original container to the individual.
 - b. Bring to the individual food or liquids to accompany the medication.
 - c. Provide reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
 - d. Notify the Designated Coordinator, Designated Manager and RN Consultant of any issues that arise, or concerns with, an individual's ability to self-administer medications.
 4. All clients will be assessed by the RN Consultant/designee for their potential to participate in a Self- Administration of Medications (SAM) program within 7 days of admission using DHS 6127A Self Administration of Medications Skills Screening.
At a minimum the individual must meet the following:
 - a. Have the desire to self- administer their medications and/or treatments.
 - b. Consistently take their medications/treatments..
 - c. Be able to make accurate time determinations for taking their medications and/or treatments.
 - d. Be able to follow verbal instructions.
 - e. Be able to read the prescription labels.
 - f. Have sufficient ability to count.
 5. If the individual is capable and willing and the SAM screening indicates they are able, the support team will review and approve/disapprove inclusion in S.A.M.
 - a. The support team will review any training needs and develop training outcomes if necessary. These may include education on the purpose and side effects of the medications in addition to individualized self-administration techniques.
 - b. The Medication Administrator will assist the individual with training outcomes.
 - c. The Designated Coordinator will monitor training outcomes and report results to the Support Team and RN Consultant monthly.
 - d. Accommodations will be developed as needed based on the individual's skill level.
- D. Medication Administration:
1. If responsibility for medication administration is assigned to Minnesota Life Bridge treatment program this will be documented in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum-.
 2. MSHS-Cambridge must implement the following medication administration procedures to ensure the individual takes medications and treatments as prescribed:
 - a. Check the individual's medication administration record.
 - b. Prepare the medication as necessary.
 - c. Administer the medication or treatment to the individual.
 - d. Document the administration of the medication or treatment, or the reason for not administering the medication or treatment
 - e. Report to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the individual refusing the medication or treatment as prescribed. Adverse reactions must be immediately

reported to the prescriber or a nurse.

3. To allow flexibility in the individual's daily schedule prescribed medication may be administered within 60 minutes before or after the prescribed time unless otherwise specified by the prescriber. For example, a medication ordered to be given at 8:00 am may be administered between 7:00am and 9:00am.
 - a. If the medication is ordered for AM it will be written as 8am on the MAR
 - b. If a medication is written for PM it will be written as 4pm on the MAR.
 - c. If a medication is ordered as HS it will be written as 8pm on the MAR.
 - d. If a medication is given early or late future dosage times of the medication may need to be adjusted.
- E. First Dose Monitoring: The individual will be visually monitored for 1 hour and then checked every 15 minutes for the second hour at the following times:
1. Upon admission when an individual is new to the program.
 2. When a new medication is prescribed to the individual.
 3. Document the first dose monitoring on the reverse of the MAR and in the progress notes including any areas of concern and what actions were taken.
 4. If an adverse reaction to a medication occurs staff will:
 - a. Provide emergency first aid including calling 911 as needed.
 - b. Notify the prescriber immediately and follow instructions.
 - c. Hold any future doses of the medication until evaluation by a health professional.
 - d. Notify the pharmacy of the adverse reaction and indicate on the MAR.
 - e. Notify the Designated Manager, RN Consultant, Legal Rep and CCM by completing the Medication or Treatment Error or Refusal Report DHS# 6849 and indicate an adverse reaction.
 - d. Complete an Incident report.
 - f. All staff must know or be able to locate information on the intended purpose and side effects of medications, and any special instructions.
 - g. Side effect information will be kept in the medication administration record.
- F. Controlled Medications
1. Controlled Substance medications are double locked to ensure security.
 2. When a Controlled Substance medication is dispensed the Medication Administrator will record the total amount of medication received on the Controlled Substance Record Form, DHS# 5648C and enter the date and time and sign their full name.
 3. A second staff will witness and sign the Controlled Substance Record.
 4. At each administration the amount of medication given and amount of medications remaining will be recorded and signed by two staff. Two staff will count the pills remaining for each individual that has a controlled substance at the beginning and end of the shift and sign the Controlled Substance audit form.
 5. The number of pills recorded on the Controlled Substance Record must match the number of pills in the medication container.
 6. The Controlled Substance record will be kept in the MAR until no longer in use and then placed in the individual's medical record.
 7. If there is a discrepancy in the Controlled Substance Count the Designated Manager/designee and RN Consultant will be promptly notified.
 8. Controlled medications will be disposed of per MSHS-Cambridge Pharmacy Procedure #15878.
- G. Injectable Medications:
1. Injectable medications may be administered at the program site to an individual served according to the prescriber's order and written instructions provided. The prescriber's order

- and written instructions will be maintained in the medical record.
 2. A registered nurse or licensed practical nurse will administer subcutaneous or intramuscular injections. When a registered nurse or licensed practical nurse is not available, a supervising registered nurse with a prescriber's order can delegate the administration of a subcutaneous injectable medication to unlicensed staff individuals and provide the necessary training.
 3. An authorization/agreement form DHS#6843 Authorization and Agreement for Injectable Medication must be signed by the Designated Manager, the prescriber, and the individual served and/or legal representative and will be maintained in the medical record. This authorization will specify:
 - a. What subcutaneous or intramuscular injection may be given.
 - b. When and how the injection may be given.
 - c. That the prescriber retains responsibility for Minnesota Life Bridge treatment program to give the injection.
 4. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.
- H. Psychotropic Medication Use and Monitoring.
1. Orders for the administration of medications that meet the definition of chemical restraint shall not be written.
 2. In no instance will psychotropic medication be used:
 - a. As a punishment, for staff convenience or as a substitute for adequate staff.
 - b. As a substitute for behavioral, developmental, educational, and/or therapeutic programs.
 - c. Excessively or in quantities that interfere with an individual's habitation.
 - d. In the absence of systemic data collection methods with which to evaluate the medications efficacy.
 - e. Be given against an individual's will. All individuals may refuse medication.
 - f. The use of psychotropic medications must be based on a psychiatric diagnosis or a specific behavioral hypothesis resulting from a functional assessment
 - g. Psychotropic medications will only be used in conjunction with the CSSP or CSSPA, and Positive Support Transition Plan and will be directed specifically toward the reduction and eventual elimination of the psychiatric symptoms and behaviors.
 - h. Initiation of a new psychotropic medication may occur only after determining that the Positive Support Transition Plan has been ineffective in controlling symptoms without the use of the psychotropic medication and with the consent of the Legal Appointed Representative.
 - i. Psychotropic medication use must be monitored and evaluated by the Support Team. The team should examine the reason the medication is being prescribed in terms of psychiatric diagnosis and specific target symptoms, along with the methods to be used when evaluating effectiveness. The Support Team will closely monitor psychotropic medication use for effectiveness, side effects and contraindications for use and will document and evaluate all psychotropic medication use.
 3. The use of psychotropic medication will be clearly documented in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum and based upon the prescriber's current written or electronically recorded prescription.
 4. The Designated Coordinator and/or Designated Manager will develop, implement, and maintain the following information in the individual's Coordinated Service and Support Plan Addendum according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
 - a. A description of the target symptoms that the psychotropic medication is to alleviate.
 - b. Documentation methods that Minnesota Life Bridge treatment program will use to monitor and measure changes to these target symptoms, if required by the prescriber.

- c. Data collection of target symptoms and reporting on the medication and symptom-related data, as instructed by the prescriber, a minimum of quarterly or as requested by the individual and/or legal representative. This reporting will be made to the expanded support team.
 - d. If the individual and/or legal representative refuses to authorize the administration of a psychotropic medication as ordered by the prescriber, Minnesota Life Bridge treatment program will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, Minnesota Life Bridge treatment program must follow any directives or orders given by the prescriber. A court order must be obtained to override the refusal. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.
 - e. Informed consent must be obtained from the client, if competent, or the client's legally authorized representative before psychotropic medication can be initiated. An updated informed consent must also be obtained when a new psychotropic medication is prescribed. It is the responsibility of the Designated Coordinator to develop the Psychotropic Medication Informed Consent DHS # 3649 in conjunction with the RN Consultant/designee and to ensure all consents are kept current.
8. The Minnesota Life Bridge treatment program is prohibited from using one-time emergency psychotropic PRN medications in the absence of approved PRN criteria.
- a. Individual specific psychotropic PRN criteria will be developed by the Designated Coordinator and approved by the prescriber, prior to any use of PRN medication.
 - b. In no instance will PRN psychotropic medication be used as a punishment; for staff convenience or as a substitute for adequate staff or be given against an individual's will. All individuals may request or refuse PRN medication.
 - c. The individual specific psychotropic PRN criteria will include
 - (1) A description of specific symptoms of the diagnosed condition and the level or rate before the PRN is used.
 - (2) A description of non-pharmacological, alternative procedures to be attempted first, including direction that the individual may request or refuse the PRN medication.
 - (3) The prescriber's medication order indicating the medication, dose, directions for administration and rationale for use.
 - (4) Clinical assessment of the situation by an RN, whether in person or by telephone consultation, will occur prior to administration of a psychotropic PRN medication to assure that the PRN is being given to treat an acute psychiatric condition and that it is not being used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement.
 - (5) Documentation will occur on Psychotropic PRN Medication Use report, DHS #3654 and will include a detailed account of any precipitating factors and events leading to the PRN administration, alternatives tried and the outcomes with regard to symptoms and behavior.
 - (6) Required notifications as indicated in MSHS-Cambridge Procedure #15868 - Therapeutic Interventions and Emergency Use of Personal Safety Techniques will occur in timeframes identified.
 - (7) The Psychotropic PRN Use Report form will be reviewed for appropriateness of use by the Designated Coordinator and /or RN Consultant within 72 hours and further reviewed for effectiveness by the Support Team at the next medication review, or sooner if necessary.
- I. Contents of the Medication Administration Record (MAR): The MAR consists of a Routine, PRN and Treatment record, the Medication/Treatment Profile, Side Effect sheets for each medication and

any Medication /Treatment Error or refusal forms that have been generated for the individual. Staff will ensure the following information is documented in the individual's medication administration record:

1. The individual's name, date of birth, residence, physician, month, year, diet and any allergies.
2. The information on the current prescription label or the prescribers current written or electronically recorded order or prescription that includes the individual's name, description of the medication or treatment to be provided the dosage, the frequency and other information needed to safely and correctly administer the medication or treatment. See Minnesota Life Bridge treatment program procedure #15882 Transcribing Orders.
3. Easily accessible information on risks and side effects that are reasonable to expect and any contraindications to the medication's use.
4. Possible consequences if the medication or treatment is not taken or administered as directed, as documented on the Medication/Treatment Profile form DHS# 5656.
5. Instruction on when and to whom to report the following:
 - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by error or refusal.
 - b. An adverse reaction to a medication or treatment.
 - c. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the individual's error, or by the individual's refusal, or of adverse reactions, and when and to whom the report was made. See Medication or Treatment Error or Refusal DHS# 6849.
 - d. Notation of when a medication or treatment is started, administered, changed, or discontinued.
 - e. Instructions from the prescriber or other licensed health Professional that relates to the individual's medical condition.
 - f. Any manufactures instructions or guidelines from a licensed health professional related to prescribed medical devices.
6. Any concerns with medication received from the pharmacy will be immediately communicated by staff to the pharmacy and/or prescriber and instructions followed.
7. The Designated Manager/designee and RN Consultant will be notified of any concerns or discrepancies regarding medication received from pharmacy and accuracy of medication records.

J. Medication Documentation and Charting:

1. Staff will document administration of medications/treatments on the monthly medication sheet by:
 - a. Ensuring the individual's name, allergies, prescriber's name, month, and year are on the monthly medication sheet.
 - b. Completing documentation on the monthly medication sheet in black ink.
 - c. Ensuring white-out, erasing, or disfigurement, such as scratching out are not used at any time.
 - d. Initial in correct space for date and time of administration.
 - e. If medication has not been received from pharmacy in time for administration, place U for Unavailable in space and on the reverse side of the same MAR note that the medication has not been delivered yet, and sign.
 - f. When setting up medications for a home visit write S in spaces the medication has been set up for. On the reverse side of the same MAR, note the dates and times the medications were set up for and sign. Indicate whether envelopes or a medi-minder was used.
 - g. When a client refuses a medication document R in the space. On the reverse side of the same MAR document the refusal, the reason why if known and sign.

- h. For any other reason that the individual did not receive the medication, initial and circle and document and sign on the reverse side of the same MAR.
- i. Document the above in the individual's progress notes also.

K. Preparing Monthly Medication Administration records.

- 1. The pharmacy will deliver the next month's MAR's one week before the start of the new month.
- 2. Two staff will prepare each individual's new medication administration records by comparing each entry on the new MAR's with the current prescriber orders and the current MAR's.
- 3. As each order is checked each staff will initial beside the medication or treatment on the MAR. A Staff will sign and date the top of each page when completed.
- 4. Allergies will be highlighted using a yellow marker and underlined with red pen.
- 5. Staff will underline the 'as needed' part of PRN orders and add "Time" and "Initial" in the Hours section beside each PRN order.
- 6. Any discrepancies between the new MAR's and prescriber orders will be communicated to the pharmacy and pharmacy instructions followed.
- 7. Any additional orders that are received after the new MAR's have been prepared will be added to the new MAR's processing the new order and checked by two staff.. (See Minnesota Life Bridge Procedure #15882 Transcribing Medication Orders)
- 8. Any changes or clarifications to the treatment record must be communicated to the pharmacy by the 10th of each month to appear on the next month's MARs.
- 9. Each month medication administrators will enter their, full name title and initials in the designated location on the back of the monthly medication sheets.

L. Standing Order Documentation:

- 1. If necessary staff will transcribe a medication from the individual's Standing Order Medications List DHS# 6842 by:
 - a. Writing the medication on the monthly medication sheet exactly as it is written on the Standing Order Medications List and initialing in the correct box the date and time the medication was administered.
 - b. Documenting on the reverse of the MAR the medication/treatment administered, the dose, and reason it was given.
 - c. Following up with the individual within one hour to determine the effect of the standing order medication and document this on the reverse of the MAR and in the individual's progress notes.
 - d. Staff will consult the Flip Chart Resource for information about illness and injuries when determining the need for standing order medication and follow instructions. This may include making a medical appointment if the condition has not resolved within the suggested time and notifying the Designated Manager and RN Consultant.

M. Coordination and Communication with Prescriber

- 1. A medication may be transcribed from the medication label however a copy of the prescriber order must be obtained for the file.
- 2. The Designated Manager/designee or RN Consultant will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- 3. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff, the individual served and the individual's Legal Representative have a clear understanding of the order.
- 4. Prescriber instructions for reporting adverse reactions, medication errors, refusals or failure to receive a medication will be obtained in writing on either DHS #5660B History and Physical Examination, DHS # 6851 Medical Referral Form or DHS #3666B Mental Health Referral Form. This information will be entered onto DHS # 5656A Medication/Treatment Profile

5. When an individual returns from a medical leave the medication orders must be reconciled, new orders transcribed and any discrepancies clarified.
6. Any concerns or discrepancies with medication orders will be immediately communicated to the pharmacy and/or prescriber and instructions followed.
7. The Designated Manager and RN Consultant will also be notified.

N. Coordination of medication refills and communicating with the pharmacy

1. The Designated Manager/designee will be responsible for ensuring the medication supply is inventoried routinely to ensure accurate and adequate amount of medications for administration.
2. The Designated Manager will ensure that the pharmacy has the contact information for the program site and the main contact individual who can answer questions and be the primary individual responsible for coordinating refills. (See Minnesota Life Bridge Pharmacy Procedure #15878).
3. Staff will have access to pharmacy contact information.
4. Staff will be available to receive and sign for medications when delivered. Medications will be counted and logged on DHS # 6839 Medication Accountability System. The medication labels will be compared with each individual's Medication Administration Record to ensure no discrepancies exist.
5. Changes to medication orders will require to be documented through a prescription label and a new written or electronic order from the prescriber.
6. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
7. Staff will implement changes and document appropriately on the monthly medication sheet according to Minnesota Life Bridge Transcription of Medication Orders procedure #15882.
8. Discontinued medications will be discarded appropriately. (See Minnesota Life Bridge Pharmacy Procedure #15878)

O. Review of Records and Monitoring of Medication Systems.

1. The RN Consultant/designee will be responsible for reviewing each individual's medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, medication and treatment orders, medication errors, medical appointments, referrals and any necessary follow up.
2. Medication supply and storage systems will be reviewed for safe, secure and sanitary storage and disposal.
3. Documentation of this review will be completed and will state if:
 - a. Issues related to the safe and effective use of systems were noted.
 - b. Concerns are present regarding medication orders, refusal to take or receive medications, or self-administration of medications.
 - c. Medication is in correct supply and is being stored according to Minnesota Life Bridge Pharmacy Procedure # 15878.
 - d. Information is current and accurate.
 - e. Health care follow up regarding medication and treatment-related orders are being completed.
 - f. At a minimum, this review will occur quarterly or more frequently if directed by the individual and/or legal representative or the Coordinated Service and Support Plan or Coordinated Service and Support Plan Addendum.
 - g. Based upon this review the Designated Manager will be notified of any issues.
 - h. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.

P. Communication to Support Team

The following information will be reported to the legal representative and case manager as they occur or as directed by the Coordinated Service and Support Plan or Coordinated Service and Support Plan Addendum:

- a. Concerns about an individual's self-administration of medication or treatment.
- b. Any reports made to the individual's prescriber regarding
- c. medication s not administered or treatment not performed as prescribed, whether by staff error, the individual's error, or by the individual's refusal.
- d. Occurrence of possible adverse reactions to medication or treatment.

Q. Medication Errors:

1. It is the intent that all medications and treatments should be administered without error
2. In the event an error is made all appropriate interventions must be undertaken to protect the individual's health.
3. Medication errors include the following:
 - a. Incorrect medication
 - b. Incorrect dose
 - c. Incorrect date or time
 - d. Omission of medication or treatment
 - e. Transcription error
 - f. Documentation error
 - g. High Risk/High Alert or Look Alike/sound Alike
4. The following action is required for an overdose, incorrect medication or individual, or incorrect route.
 - a. Immediately notify the Poison Control Center, and follow their directives.
 - b. Document response and actions in the individual record
 - c. Complete an incident report
 - d. Notify other staff working, including oncoming shift of the medication error and potential health problems due to the error.
5. In addition to above the following actions will be taken:
 - a. Staff will notify the prescriber of the medication error e as directed by the prescriber on the Medication/Treatment Profile.
 - b. Staff will complete the Medication or Treatment Error or Refusal form-DHS#6849 and forward to the Designated Manager and RN Consultant who will independently review the error, and collaboratively develop a plan for corrective action if necessary, based on the medication administrators prior pattern of errors.
 - c. The RN Consultant /Designated Manager will review medication errors with the Management team quarterly.

R. General and specific procedures on administration of medication by routes:

1. General procedures completed before administering medication by any route:
 - a. Wash hands using approved hand hygiene technique.
 - b. Assemble equipment necessary for administration.
 - c. Review the individual's monthly medication sheets to determine what medications are to be administered
 - d. Remove the medication from the storage area.
 - e. Compare the medication sheet with the label of each medication for the following:
 - (1) Right individual
 - (2) Right medication
 - (3) Right dosage
 - (4) Right date
 - (5) Right time

- (6) Right route
 - (7) Expiration date
- f. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the pharmacy, prescriber and/or RN Consultant.
- g. Staff will compare the label with the medication sheet for the second time.
- h. Staff will put the medication into the med cup and then compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the individual.
- i. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
- 2. Additional procedures for administration of oral tablet/capsule/lozenge
 - a. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
 - b. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write the date and their initials on the card next to the dose popped out.
 - c. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
 - d. Staff will administer the correct dosage by instructing the individual to swallow the medication.
 - e. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage and remain with the individual until the medication is swallowed.
 - f. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.
- 3. Additional procedures for the administration of liquid medications
 - a. Staff will shake the medication if it is a suspension (staff will read directions if in doubt).
 - b. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
 - c. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
 - d. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
 - e. Staff will administer the correct dose according to the directions in an appropriate container.
 - f. Staff will remain with the individual until the medication is swallowed.
- 4. Additional procedures for the administration of buccal medication
 - a. Buccal medications are usually given in a liquid form and administered into the cheek.
 - b. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
 - c. Staff will position the individual on their side.
 - d. Staff will administer the medication by squeezing the syringe or dropper into the individual's cheek, with gloved hands, avoiding going between the teeth.
 - e. Staff will remain with the individual to ensure that the medication has been absorbed into the cheek and that they have not consumed any liquids.
- 5. Additional procedures for the administration of inhaled medications
 - a. If more than 1 inhaled medication is to be given, staff will state which one is administered first.
 - b. Staff will position the individual sitting, if possible.
 - c. Staff will gently shake the spray container (Diskus style inhalers do not require

- shaking).
- d. Staff will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
- e. Staff will instruct the individual to exhale through their mouth completely.
- f. Staff will instruct the individual or assist as needed to place the mouthpiece into the individual's open mouth and instruct the individual to close their lips around the mouthpiece.
- g. Staff will instruct the individual or assist as needed to press down the canister once, while instructing the individual to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the individual to inhale the powdered medication).
- h. Staff will wait 1 minute and repeat steps 8-10, if more than one puff is ordered.
- i. Staff will instruct the individual to rinse their mouth with water if directed.
- j. Staff will return the medication to the locked area.
- k. Staff will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: staff will wipe the mouthpiece with a clean dry cloth).
- 6. Additional procedures for the administration of nasal spray medications
 - a. Staff will ask the individual to blow their nose or will gently wipe the nose with gloved hands.
 - b. Staff will gently shake the spray container.
 - c. Staff will ask the individual to tilt their head slightly forward.
 - d. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
 - e. Holding the other nostril closed, staff will instruct the individual to inhale and squeeze once to spray.
 - f. Staff will repeat steps 8 and 9 to deliver the correct dosage to the other nostril.
 - g. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.
- 7. Additional procedures for the administration of eye medications
 - a. Staff will open the medication container.
 - b. Staff will position the individual in a sitting or lying down position.
 - c. Staff will observe the eye(s) for any unusual conditions that should be reported to the nurse or prescriber prior to administration.
 - d. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).
 - e. Staff will assist or ask the individual to tilt their head back and look up.
 - f. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the individual to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
 - g. If different eye medications are prescribed, staff will give (5) minutes before administering the second medication.
 - h. Staff will avoid touching the tip of the dropper or tube to the individual's eyelid or any other object or surface and replace the cap.
 - i. Staff will offer the individual a tissue for each eye or blot the individual's eye with separate tissues.
- 8. Additional procedures for the administration of ear drop medication
 - a. Staff will have the individual sit or lie down with the affected ear up.
 - b. If sitting, staff will have the individual tilt head sideways until the ear is as horizontal as possible.
 - c. If lying down, staff will have the individual turn their head.

- d. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
 - e. Staff will administer the correct number of drops that are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
 - f. Staff will have the individual remain in the required position for one (1) to two (2) minutes.
 - g. Staff will have the individual hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
 - h. Staff will repeat the procedure for the other ear if necessary.
 - i. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the individual's ear or any other surface.
9. Additional procedures for the administration of topical medications
- a. Staff will position the individual as necessary for administration of the medication.
 - b. Staff will, prior to administering the medication; observe for any unusual conditions of the affected area of the body that should be reported to the nurse or prescriber.
 - c. Staff will wash and dry the affected area unless otherwise indicated.
 - d. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
 - e. If the topical is in powder form, staff will instruct the individual to avoid breathing particles in the air that may result from the application.
 - f. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
 - g. If the topical is a transdermal patch, staff will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
 - h. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.
 - i. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.
 - j. Staff will wash their hands.

DATA PRIVACY:

Staff must ensure compliance with state and federal data privacy regulations.

REFERENCES:

State Operated Services Policy #6370, Medication Management
 MSHS-Cambridge Administration of Psychotropic Medication to Persons with Developmental Disability of Related Condition procedure #15904.
 MN Department of Health Rule, Nursing, Boarding Homes: 4655.7700; 4655.7840
 Department of Human Services Home and Community-Based Services Standards.245D.05;245D.051;245D.09,Subd.4d;245D.11,Subd.2;245d.22,Subd 3
 State Operated services Policy # 6200,
 State Operated Services Policy #6372 Medication Errors
 MSHS-Cambridge Pharmacy Procedure #15878
 MSHS-Cambridge Procedure #15882 - Transcribing Orders.
 Authorization for Medication and Treatment Assistance-DHS# 6843
 Admission Physical Exam Form, DHS# 5660B
 Controlled Substance Record form, DHS# 5648C
 Medication Key Transfer form MSHS # 46015A
 Psychotropic PRN Medication Use form, DHS# 3654
 Medication/Treatment Profile form DHS# 5656A

Medication or Treatment Error or Refusal form-DHS#6849
Authorization and Agreement for Injectable Medication-DHS#6844
Standing Order Medications List form DHS# 6842
Medication Administration Record Review DHS# 6831
Medical Referral Form DHS #6851
Mental Health Referral form DHS # 3666B

CANCELLATIONS: This procedure supersedes:
MSHS-Cambridge Procedure #15905 Self-Administration of Medications dated 11/19/12
MSHS-Cambridge Procedure #15876 Safe Medication Assistance and Administration dated 2/24/2014

AUTHENTICATION SIGNATURES:

A handwritten signature in black ink, appearing to read 'Steve Jensen', written over a horizontal line.

Steve Jensen,
Minnesota Life Bridge Director

9/10/14

Date

Minnesota Life Bridge

INDIVIDUAL CARE

MEDICAL SAFETY RESTRAINT

DCT REFERENCE POLICY NUMBER: __None_____

DEFINITIONS:

Medical Safety Restraint: Use of safety device which restricts freedom of movement with the intent of preventing medical complications from existing medical conditions that are beyond the client's control.

Safety Devices: Equipment to prevent injury where voluntary physical self-control is limited, examples: hand mitts to prevent injury to surgical sites or open wounds.

Self- Management Assessment (SMA): An assessment of the individual's ability to independently arrange for the satisfaction of their health and medical needs, achieve and maintain personal safety ,successfully manage psychiatric symptoms and refrain from socially-undesirable or dangerous behavior.

Individual Abuse Prevention Plan (IAPP): The plan that outlines areas of potential vulnerability with regard to abuse and neglect and necessary supports to manage the risk in these areas.

Coordinated Services Support Plan (CSSP-A): The CSSP-A is completed by the license holder in response to the individual's identified needs, interests, preferences, and desired outcomes based on the CSSP. The information is assessed and formal service outcomes are determined by the individual served and/or legal representative, and case manager, and other members of the support team. Methodologies are written to guide the delivery of services and supports toward each identified outcome

RESPONSIBILITIES:

MSHS Cambridge Administration: To ensure this procedure is implemented as written.

RN Consultant: Provide just in time training to staff in the proper application and monitoring.

Designated Coordinator: Information gathered in the SMA and IAPP is used for the CSSPA. The Designated Coordinator instructs and assists staff in implementing the individual's treatment plan, evaluates the effectiveness of service deliveries, and progress on client outcomes based on the individual's response to interventions. Provide adequate supervision of direct care staff to ensure implementation of the CSSPA.

PROCEDURES:

- A. Medical safety restraints will only be used to prevent medical complications from medical conditions which are beyond the client's control.
- B. The use of medical safety restraints requires an order from a licensed prescriber.
 1. The order will provide:
 - a. Type of safety device used.
 - b. Time safety device will be used.
 - c. Reason for use.
 - d. Type of monitoring required.
 - e. Criteria for discontinuation of use.

- C. RN Consultant/ designee will:
1. Document approval by the client or the client's legal representative.
 2. Ensure incorporation into the CSSPA in collaboration with the Designated Coordinator.
 3. Provide just in time training to all staff providing direct care to the client per manufactures recommendations.
- D. Staff Training: All staff prior to providing direct care to the client will receive just in time training in the proper application and monitoring of all medical safety device.

DATA PRIVACY:


Staff must ensure compliance with state and federal data privacy regulations.

REFERENCES:


Minnesota Rules, parts 9525.2700 to 9525.2810 (Rule 40)

CANCELLATIONS: This procedure supersedes MSHS-Cambridge Procedure #15895 dated 12/03/12.

AUTHENTICATION SIGNATURES:



Steve Jensen,
Minnesota Life Bridge Director



Date



Minnesota Department of **Human Services**

August 29, 2014

Jill Slaikeu, Human Services Licensor Senior
Minnesota Department of Human Services
Office of Inspector General
Licensing Division
Home and Community-Based Services Unit
PO Box 64242
444 Lafayette Road North
St. Paul, MN 55164-0242

Re: Closure of MSHS- Cambridge, DHS License #1070559; Certificate #1070686

Ms. Jill Slaikeu,

This letter is to inform the Office of Inspector General, Division of Licensing, that the last client being served at MSHS- Cambridge was discharged today, August 29, 2014, and has transitioned to his new permanent home. MSHS-Cambridge will be closed effective August 30, 2014. Enclosed is a copy of the certificate issued by your agency to verify the license affected by the closure of this facility. The Minnesota Department of Health was notified regarding this closure as well.

Please feel free to contact me if you have any questions.

With regards,

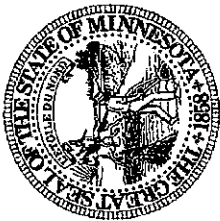
Anne Barry
Deputy Commissioner
Minnesota Department of Human Services

Minnesota Department of Human Services

Division of Licensing

PO Box 64242

St. Paul, MN 55164-0242



Doing Business At

Minnesota Specialty Health
System Cambridge
1425 East Rum River Dr S
Cambridge, MN 55008

This residential program location is operating under:

245D-HCBS Program License Number

1070559-2-HCBS

Issued To

Commissioner of Department of Human Services

540 CEDAR ST

Saint Paul, MN 55101-2208

Certificate Effective Period

01/01/2014 to 12/31/2014

Certificate Number

1070686-1-H_RES

Laura Plummer Zrust

Laura Plummer Zrust, Deputy Inspector General, Licensing Division

Lucinda E. Jesson

Lucinda E. Jesson, Commissioner

Terms of License:

To provide home and community-based services (HCBS) to persons with disabilities and persons age 65 and older in any county in the state except Houston and Olmsted, subject to the standards of Minnesota Statutes, Chapter 245A and Minnesota Statutes, Chapter 245D.

Capacity: 16 persons, Age: 18 years and older

Service Provided

Supported Living Services in a Supervised Living Facility (SLF)



Minnesota Department of **Human Services**

Minnesota Specialty Health System/Cambridge

August 29, 2014

Ms. Mary Henderson
Minnesota Department of Health (MDH),
Compliance Monitoring Division
Licensing and Certification Program
P.O. Box 64900, 85 East 7th Place, Ste. 220, St. Paul, MN 55164-0900

Re: Closure of MSHS- Cambridge SLF –Class B, Cambridge, MN 55008

Ms. Mary Henderson,

This letter is to inform the Minnesota Department of Health the last client of this facility was discharged on August 29, 2014 and successfully transitioned to his new permanent home. MSHS-Cambridge is now closed effective August 30, 2014. Enclosed is a copy of the certificate issued by your agency to verify the license affected by the closure of this facility.

If any questions please feel free to contact me.

With regards,

Steve Jensen
Administrator
MSHS-Cambridge

MINNESOTA DEPARTMENT OF HEALTH

HEREWITH GRANTS A LICENSE TO

(Licensee)

COMMISSIONER OF HUMAN SERVICES

to operate the

MINNESOTA SPECIALTY HEALTH SYSTEM - CAMBRIDGE

located at

1425 EAST RIVER DRIVE SOUTH CAMBRIDGE, MN, 55008

for the following

Issued at St. Paul, Minnesota

16

SUPERVISED LIVING FACILITY CLASS B BEDS

Effective Date: 01/01/2014

Expiration Date: 12/31/2014

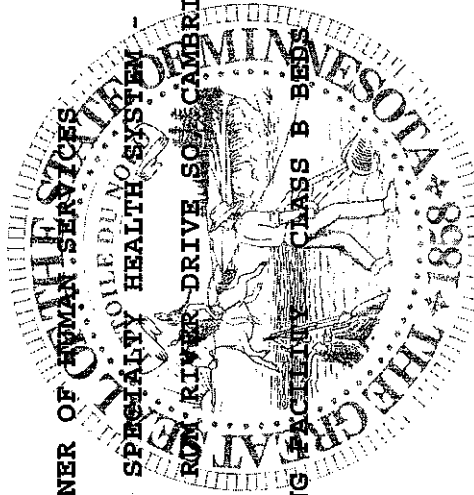
Not Transferable as
to Licensee or Location

Edward P. Ehlinger, MD, MSPH

Commissioner

HE-01084-04 (Rev 10/00)

365557





Protecting, Maintaining and Improving the Health of Minnesotans

September 3, 2014

HFID: 28559

Mr. Steve Jensen, Administrator
Minnesota Specialty Health System - Cambridge
1425 East Rum River Drive South
Cambridge, MN 55008

Dear Mr. Jensen:

This letter will serve to confirm the closure of Minnesota Specialty Health System - Cambridge, located at 1425 East Rum River Drive South, Cambridge, MN 55008 as a 16-bed Supervised Living Facility - Class B, effective, August 30, 2014 in accordance with your notification dated August 29, 2014, and verified by Minnesota Department of Human Services.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Mayumi Reuvers". The signature is written in a cursive, flowing style.

Mayumi Reuvers, Program Representative
Program Assurance Unit
Minnesota Department of Health
Division of Compliance Monitoring
85 East Seventh Place, Suite 220
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4121, Fax: (651) 215-9697
Email: mayumi.reuvers@state.mn.us

cc: Minnesota Department of Human Services
Attn: Ron Drude, Provider Enrollment
Attn: Katherine Finlayson, Licensing
Attn: Beth Simacek, Background Study Unit
Isanti County Social Services
Anne Barry, Commissioner of Human Services
Licensing and Certification File